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The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES NOVEMBER 30, 1934

COMMISSIONER

WINFRED OVERHOLSER, M.D. Wellesley Hills

ASSOCIATE COMMISSIONERS

HENRY M. POLLOCK, M.D. Boston
A. WARREN STEARNS, M.D. Billerica
SAMUEL KALESKY Boston
TIMOTHY W. FITZGERALD Salem

ASSISTANT COMMISSIONER

JOSEPH E. BARRETT, M.D. Taunton

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The Commonwealth of Massachusetts

STATE HOUSE, BOSTON.

To His Excellency the Governor and the Honorable Council:

The fifteenth annual report of the Massachusetts Department of Mental Diseases for the year ending November 30, 1934, is respectfully submitted herewith. The matters relating to general statistics, however, cover the year ending September 30th.

WINFRED OVERHOLSER, M.D.

Commissioner.

HENRY M. POLLOCK, M.D.

SAMUEL KALESKY

TIMOTHY W. FITZGERALD

A. WARREN STEARNS, M.D.

Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

DUTIES OF THE DEPARTMENT

The Department of Mental Diseases consists, by law, of a commissioner and four associate commissioners who are appointed by the Governor. As at present constituted, the Department consists of Dr. Winfred Overholser, Commissioner; Dr. Henry M. Pollock, Mr. Samuel Kalesky, Mr. Timothy W. Fitzgerald and Dr. A. Warren Stearns, Associate Commissioners.

The Department has general supervision of all public and private institutions for the mentally ill, mentally defective, epileptic, and of persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the inter-relations of institutions and matters which are common to them all, such as the distribution and transfer of patients between them, deportation of patients to other states and countries, and the determination within statutory limits of the amount to be charged for the support of patients in institutions.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws (Tercentenary Edition).

CHANGES IN PERSONNEL

RESIGNATION OF JAMES V. MAY, M.D.

Dr. James V. May, who was appointed Commissioner of Mental Diseases on January 12, 1933, to succeed the late Dr. George M. Kline, resigned on June 20, 1934, to return to his former position as Superintendent of the Boston State Hospital, Boston, Massachusetts.

Dr. May was born in Lawrence, Kansas. He was graduated from the University of Kansas with the degree of A.B. in 1894, and from the University of Pennsylvania with the degree of M.D. in 1897.

Since graduation from medical school he has held the following positions:

1897-1898 Resident Physician, Philadelphia Hospital, Philadelphia, Pennsylvania.

- 1899-1900 Assistant Physician, Brigham Hall Hospital, Canandaigua, New York.
- 1900-1902 (1½ years) Acting Assistant Surgeon, United States Army, stationed in Philippine Islands.
- 1902 Assistant Physician, Central Islip State Hospital, Central Islip, New York.
- 1902-1911 First Assistant Physician, Binghamton State Hospital, Binghamton, New York.
- 1911 Medical Superintendent, Matteawan State Hospital, Matteawan, New York.
- 1911-1916 Medical Member and Chairman, New York State Hospital Commission.
- 1916-1917 Superintendent, Grafton State Hospital, Grafton, Massachusetts.
- 1917-1933 Superintendent, Boston State Hospital, Boston, Massachusetts.
- 1933-1934 Commissioner of Mental Diseases, Commonwealth of Massachusetts.
- 1934 Superintendent, Boston State Hospital, Boston, Massachusetts.

During the World War Dr. May was First Lieutenant, then later Captain and Major in the Medical Reserve Corps of the United States Army. He served as Lecturer on Mental Hygiene in the School of Public Health, Harvard University, in 1933-1934. He is a member of the Board of Directors of the following organizations: Massachusetts Society for Mental Hygiene, Massachusetts Society for Social Hygiene, and the Boston School of Occupational Therapy; Fellow of the American Psychiatric Association (Pres. 1932-1933), American Medical Association, Massachusetts Psychiatric Society (Pres. 1927-1928), American Association for the Advancement of Science, and the American Academy of Arts and Sciences; and a member of The National Committee for Mental Hygiene, International Committee for Mental Hygiene (member of the Council), National Social Science Honor Society, New England Society of Psychiatry (Pres. 1933-1934), corresponding member of the Royal Medico-Psychological Association of Great Britain, and Foreign Associate Member of the Société Medico-Psychologique of Paris. He is a Mason (32 degree), and a member of the American Legion, United Spanish War Veterans, Pi Gamma Mu, Boston City Club, and the Old South Church of Boston. He is the author of the book entitled "Mental Diseases, a Public Health Problem", which was published in 1922; and he has made numerous contributions to medical and psychiatric literature.

APPOINTMENT OF WINFRED OVERHOLSER, M.D.

Dr. Winfred Overholser, Assistant Commissioner of the Department since 1930, was appointed Commissioner of Mental Diseases on June 22, 1934, to succeed Dr. James V. May.

RETIREMENT OF CHARLES G. DEWEY, M.D.

Dr. Charles Gipson Dewey, who was appointed a member of the original Commission on Mental Diseases in 1916 — continuing to serve as Associate Commissioner of the Department — felt it advisable to decline renomination at the expiration of his term on November 3, 1934.

Dr. Dewey was born in Hanover, New Hampshire, in 1860. He was graduated from Dartmouth College in 1881 and from the Medical School in 1886, since which time he has served in the following positions:

- 1886-1887 Assistant Physician, Northampton State Hospital, Northampton, Massachusetts.
- 1887-1888 Assistant Physician, Taunton State Hospital, Taunton, Massachusetts.
- 1888-1893 Second Assistant Physician and later First Assistant Physician, Boston State Hospital, Boston, Massachusetts.
- 1893-1895 McLean Hospital, Waverley, Massachusetts.
- 1895-1899 Assistant Superintendent, Boston City Hospital, Boston, Massachusetts.
- 1901-1934 Examining Physician for the Institutions Department of the city of Boston.

Dr. Dewey is a member of the American Psychiatric Association, Massachusetts Psychiatric Society, New England Society of Psychiatry, Massachusetts Society for Mental Hygiene, American Medical Society, and Massachusetts Medical Society.

The following resolutions on the retirement of Dr. Dewey have been drawn up by the Department and will be submitted at the next regular meeting for official acceptance:

"Whereas, Dr. Charles Gipson Dewey has felt it advisable to decline reappointment as Associate Commissioner, which position he has held since the organization of the Department in 1916, be it,

Resolved — That the Commissioners of the Department of Mental Diseases express their sincere regret because of the conditions which necessitate this decision of their honored fellow member — whose medical career of nearly fifty years has been spent in Massachusetts and who for practically all of that period has been connected with the care and treatment of the mentally ill. With a record of service as Assistant Physician at the Northampton, Taunton and Boston State Hospitals and at McLean Hospital — as Assistant Superintendent of the Boston City Hospital — and as Examining Physician of the Institutions Department of the City of Boston since the year 1901 — he brought to the work of the Department a ripened experience and wide knowledge of the institutions, a clear comprehension of the problem of the mentally ill and a devotion to their interests. Sympathetic by nature, universally liked and highly regarded professionally — he performed his duties conscientiously and with a keen interest in the welfare of the patients and in the development of the Department. In parting with Dr. Dewey as colleague and fellow worker the Commissioners tender him their grateful affection and their best wishes. Be it further,

Resolved — That these Resolutions be spread upon the records and that a copy thereof be sent to Dr. Dewey."

APPOINTMENT OF A. WARREN STEARNS, M.D.

Dr. A. Warren Stearns of Billerica, Massachusetts, Dean of Tufts College Medical School, Boston, was appointed Associate Commissioner of the Department on November 28, 1934, for a term of four years expiring on November 3, 1938, to succeed Dr. Charles G. Dewey.

PROMOTION OF JOSEPH E. BARRETT, M.D.

Dr. Joseph E. Barrett, who was appointed an Assistant to the Commissioner of the Department in 1931, was promoted to the position of Assistant Commissioner on June 30, 1934, to succeed Dr. Winfred Overholser.

Dr. Barrett was born in Brookland, Arkansas. He was graduated cum laude from the Medical Department of the University of Tennessee in 1922, following which he served as resident interne at the City Hospital in St. Louis, Missouri. From 1923 to 1928 he was Assistant Physician at the State Hospital for Nervous Diseases at Little Rock, Arkansas, and on March 30, 1928 he came to the Taunton State Hospital, Taunton, Massachusetts, as Assistant Superintendent. On September 8, 1931 he was appointed an Assistant to the Commissioner in the Department of Mental Diseases, which position he held until his promotion to Assistant Commissioner. Previous to entering medical school Dr. Barrett was a pharmacist, and in that capacity served in the United States Naval Reserve Forces during the World War, doing considerable overseas duty. He holds membership in the Taunton Post, No. 103, The American Legion; is a member of the Segregansett Country Club of Taunton, the Woodlawn Lodge, No. 211, F. & A. M. at Binghamton, Tennessee, and is President of the Canopy Club, Inc. He is a member of the following medical organizations: American Psychiatric Association, Massachusetts Psychiatric Society, American Medical Association, Massachusetts Medical Society, Massachusetts Society for Mental Hygiene, New England Society of Psychiatry, Bristol County Medical Society, and the Taunton Doctors' Club.

RETIREMENT OF MABEL G. GRAGG

Miss Mabel G. Gragg, a social worker in the Department since 1901, in charge of the supervision of patients boarded out, was retired on October 31, 1934, after a long and faithful service.

ACTIVITIES OF THE DEPARTMENT

STATE HOSPITALS AS TRAINING CENTERS

The use of the Department and the institutions under it as training centers has continued to increase. The Department believes that these facilities can function to greater advantage and efficiency even in the care and treatment of those patients committed to them, if their special information is properly disseminated.

A study of the administrative policies of the Department has been made during the past year by representatives from Japan, Hungary, and Canada as well as by representatives or representative groups from other states within the United States, viz: — Washington, Minnesota, Virginia, and Missouri. In addition, the Department has been called upon by correspondence for information and advice relative to administrative and medico-legal matters.

The Department also believes that the present high standing of the institutions under its supervision can best be maintained and improved if it has in reserve an adequately qualified and trained personnel with which to fill vacancies occurring in executive and higher medical positions of these institutions.

It is not expected that all the medical men and women who avail themselves of the psychiatric training given by the State hospitals, will be interested in continuing in hospital work, but some will, and will be better qualified by this training to assume the duties of a hospital physician. Those who do not continue in the institutional service will be much better qualified to care for the mild mental cases occurring in their private medical practices and to advise them regarding hospital care and treatment.

To this end, officers of the Department and staffs of the various hospitals assist in the teaching of psychiatry to medical students at Boston University School of Medicine, Harvard University Medical School, and Tufts College Medical School, and all fourth-year students in medicine at Boston University and Tufts College are required to spend a month in residence, or a summer's internship, in one of the mental hospitals. In addition, students and graduates in medicine from other parts of this country and abroad come to Massachusetts for special training in our State institutions.

Training has also been given to social workers, occupational therapists, hydrotherapists, physiotherapists, and student nurses from approved general hospitals, and training schools have been conducted for nurses who are to engage in both general and mental nursing. Special research studies are being carried on in several of the hospitals.

MENTAL EXAMINATION OF PERSONS COMING BEFORE THE COURTS

As in previous years, the Department has examined a large number of defendants in criminal cases who come within the provisions of Section 100-A, Chapter 123, General Laws (Tercentenary Edition), usually known as the "Briggs Law", after its author, Dr. L. Vernon Briggs. During the year 1934, 867 cases were referred for such examination, or six less than in 1933. The statute functions very satisfactorily, and the cooperation of the courts has been extremely gratifying. This statute is an outstanding piece of legislation; it has excited wide and favorable comment by legal writers, and has been referred to as "one of the greatest steps in the introduction of medical thought into the law".

The advantages of an automatic provision like the Briggs Law over an optional arrangement whereby a judge may at his discretion direct a mental examination to be made by impartial experts are emphasized by the operation of Section 99, Chapter 123, General Laws (Tercentenary Edition). Under this statute the justice of any court may request the Department to assign a member of a State hospital staff to make a mental examination of "any person coming before the court". This provision has been held by the Supreme Judicial Court (*Sullivan v. the Judges*, 271 Mass. 435) to apply to civil as well as to criminal cases. In spite

Examination of Juvenile Delinquents
October 1, 1933 — October 1, 1934

	TOTAL			NORMAL			SUB-NORMAL			FEEBLEMINDED			PSYCHOTIC			PSYCHOSIS WITH FEEBLEMINDEDNESS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 12	85	6	91	26	3	29	45	3	48	12	-	12	-	-	-	2	-	2
12-15	321	61	382	68	14	82	178	27	205	73	20	93	2	-	2	-	-	-
15-18	411	109	520	92	20	112	199	46	245	113	41	154	3	-	3	4	2	6
Totals	817	176	993	186	37	223	423	76	498	198	61	259	5	-	5	6	2	8
Per cent	22.77	21.02	22.46	51.65	43.18	50.15	24.24	34.66	26.08	.61	-	.50	.32	.66	.38	.73	1.14	.81
Per cent 1931-1933.	30.10	26.23	29.35	46.62	42.95	45.91	20.89	26.88	22.06	.32	.66	.38	2.07	3.28	2.30			

of this fact, however, during the year 1934 only one request was received in a civil case and one in a divorce case (probate court); all of the other thirty-five requests were made in criminal cases, — a total of thirty-seven, or two more than in 1933. It is sincerely to be hoped that the courts may eventually avail themselves to a greater extent of this opportunity to secure, without cost, impartial advice as to the mental state of parties to causes in which doubt as to the party's sanity may arise in the mind of the trial justice.

EXAMINATION OF JUVENILE DELINQUENTS

In April of 1931 the legislature passed the act (Section 58-A, Chapter 119, General Laws, Tercentenary Edition) requiring the examination of juvenile delinquents prior to their commitment. These examinations were begun in the fall of 1931. In the beginning there was considerable opposition on the part of the courts to these examinations, they being regarded as unnecessary and an added burden to the court. This attitude resulted for a time in the law being carried out in a rather perfunctory manner, examinations being demanded on such short notice that the examiners had insufficient time to make a proper examination and in some cases the examination was not requested until after disposition of the case had been made.

This early opposition has been largely overcome and the majority of the courts are now glad to have the examinations made and to arrange for sufficient time for them. Many of the judges now withhold decision as to final disposition of the case until they have received the examiner's report and frequently as a result of the examination some disposition other than commitment is made.

During the past year from October 1, 1933 to October 1, 1934 a total of 993 cases have been examined, a number slightly larger than in either of the two previous years. Of these 993 cases, 50% were below the level of normal intelligence and 26% were definitely feeble-minded. In other words over 75% of the cases examined show inferior mentality. This is a slightly higher percentage than in the two previous years, as may be seen by a comparison of the figures in the following table. This high percentage of cases showing some degree of mental inferiority again emphasizes the need for a separate institution where these children may receive a type of training suitable to their mental capacity, instead of being sent to purely correctional types of institutions with children of normal mentality. There is at the present time a considerable number of definitely feeble-minded cases at such institutions as the Industrial Schools at Shirley and Lancaster, and the Lyman School for Boys at Westborough. They do not classify properly in such an institution neither do they belong in a school for the feeble-minded because of their delinquent tendencies.

It will be noted that the number of cases increases with the age group, the largest number appearing in the 15-18 year group. It is probable that these cases showed some symptoms either of their delinquent tendencies or of their inferior mentality at a much earlier age. Possibly if this tendency had been recognized sooner, steps might have been taken which would to some extent have prevented the development of the later delinquencies.

GENERAL MATTERS

THE GEORGE MILTON KLINE MEMORIAL

Mention was made in the last annual report of the Department of the appointment of a committee, and of plans proposed, in connection with the establishment of a suitable memorial to the memory of Dr. George M. Kline, former Commissioner of Mental Diseases in Massachusetts from 1916 to 1933, who died on January 5, 1933. A fund was established by contributions from officers and employees of the Department and the sixteen institutions under the Department, which made possible the carrying out of the plans for an oil painting of Dr. Kline — by Mr. William M. Paxton of Boston — which has been hung in the lobby of the Administration Building at the Metropolitan State Hospital in Waltham, Massachusetts; a bronze tablet which has been placed in "Kline Memorial Hall" in the Assembly Building of the same institution; and sixteen large photographs, one of which has been hung in a suitable place at each institution.

Under the oil painting is a small brass plate reading as follows:

"A Tribute to the Memory
of

GEORGE MILTON KLINE, A.M., M.D.,
Commissioner of Mental Diseases
1916-1933

By his Associates in the Massachusetts
Department of Mental Diseases and the
Institutions under his Supervision"

The following inscription appears on the bronze tablet:

"KLINE MEMORIAL HALL

DEDICATED BY THE TRUSTEES AS A
MEMORIAL TO GEORGE MILTON KLINE, A.M., M.D.
March 6, 1878 — January 5, 1933
COMMISSIONER 1916-1933

THIS TABLET ERECTED BY HIS FELLOW WORKERS TO
COMMEMORATE HIS SERVICES TO THE
HOSPITALS AND SCHOOLS OF THE DEPARTMENT
OF MENTAL DISEASES."

CONFERENCES AND VISITS TO STATE INSTITUTIONS

Nine monthly meetings of the Commissioner, Assistant Commissioner, and Associate Commissioners, and thirty-seven special meetings, were held during the year.

Eight monthly conferences of the Commissioner and Assistant Commissioner with the Superintendents of the State institutions under the Department were held.

A visit of inspection was made by the Commissioner, Assistant Commissioner and Associate Commissioners, accompanied by the Chairman of the Commission on Administration and Finance, and the Budget Commissioner, to each State institution under the Department, as well as to the Hospital Cottages, the Veterans' Administration Facility No. 95 at Northampton, and the mental wards at the Bridgewater State Hospital and the State Infirmary at Tewksbury.

SEMIANNUAL MEETINGS OF THE DEPARTMENT WITH THE TRUSTEES OF STATE INSTITUTIONS

A semiannual meeting of the Department of Mental Diseases with the Trustees of the State institutions under the Department was held at the Boston Psychopathic Hospital, Boston, on Wednesday, April 18, 1934.

Luncheon was served at 1:00 p.m. in the Employees' Cafeteria. The meeting, held in the Assembly Hall, was called to order by Dr. James V. May, Commissioner of Mental Diseases, at 2:00 p.m.

Dr. C. Macfie Campbell, Medical Director of the Boston Psychopathic Hospital, and Professor of Psychiatry at the Harvard University Medical School, addressed the meeting on "The Functions of the Boston Psychopathic Hospital".

After the meeting was adjourned an opportunity was afforded to inspect the hospital.

A semiannual meeting of the Department of Mental Diseases with the Trustees of the State institutions under the Department was held at the Boston State Hospital, Boston, on Wednesday, October 24, 1934.

Luncheon was served at 1:00 p.m. in the Psychiatric Clinic, followed by the meeting at 2:00 p.m. in the same building. The meeting was called to order by Dr. Winfred Overholser, Commissioner of Mental Diseases, who extended the greetings of the Department to the Trustees, and assured them of the Department's cooperation with them in continuing to improve the standards of care given to the patients at the institutions under the Department. He also outlined the legislation which would be requested by the Department during the coming year. Dr. Henry Lefavour, Chairman of the Board of Trustees of the Boston State Hospital, was then called upon for remarks.

Dr. James V. May, Superintendent of the Boston State Hospital, and former Commissioner of Mental Diseases, addressed the meeting on "The Aims and Activities of the Psychiatric Clinic".

After the meeting was adjourned an inspection of the buildings of the institution was made.

THE EMERGENCY PUBLIC WORKS PROGRAM

Under the Massachusetts Emergency Public Works program, which was begun last year, the Department received approval for 53 projects, including the most necessary items in the plan of development of the various institutions under the Department, amounting to a total cost of approximately \$7,600,000. These were nearly all advertised and the contracts awarded during the year, so that there is construction work under way at each of the institutions with the exception of the Boston Psychopathic Hospital. This program will provide for increased bed space for patients, additional quarters for employees, improvements in feeding, and additional plant construction to enable further extensions of the institutions as requirements demand, without serious handicaps due to insufficient plant capacity.

Special mention should be made of the extremely arduous duties which have been performed by the Department Engineer, Mr. Walter E. Boyd, in handling the multifarious details of the various projects proposed and approved.

During the current year no further steps have been taken under the Emergency Public Works Program toward the establishment of the Norfolk State Hospital for the criminal insane.

DEPARTMENTAL RULES AND REGULATIONS

Preamble

Section 4, Chapter 123, General Laws, (Tercentenary Edition) states in part that the commissioner shall prepare rules and regulations for the consideration of the Department. Section 7, Chapter 123, General Laws, (Tercentenary Edition) states in part that the Department shall establish by-laws and regulations, with suitable penalties for the government of State Hospitals.

By a vote of the Department on May 7, 1934, all existing rules and regulations on the subjects covered in this group are hereby rescinded and those following are substituted therefor.

For the purposes of this compilation the Department considers "a rule" to be a governing direction or procedure for the more efficient transaction of business between its various divisions and the institutions under its supervision and which may be changed from time to time as occasion requires, without a vote of the commissioners.

"A regulation" is to be considered as a regulating principle embodying the general policies which the Department believes to be for the good of the institutions under its supervision. No regulation may be rescinded and no new regulation established except by vote of the commissioners.

Hereafter all rules and regulations issued by the Department of Mental Diseases and applying to the various institutions under its supervision, will bear consecutive numbers. If "all institutions" appears, the rule or regulation applies to all the State Hospitals, the State Schools for the Feeble-minded, Licensed Private Hospitals for Insane, Epileptics and Persons Addicted to the Intemperate Use of Narcotics or Stimulants, and Licensed Private Schools for the Feeble-minded. If the application of the rule or regulation is restricted, the group affected will be designated.

These rules and regulations should be filed in consecutive order in the office of each institution. Any rule or regulation superseding a previous one will be so designated and shall become effective as of the date of issue.

Regulation No. 1

State Hospitals, State Schools

HOSPITAL DISTRICTS

The following districts are hereby assigned to the various State Hospitals and Schools, and patients will be committed to the hospital serving the district in which they reside, except that in the case of the Boston State Hospital, the Department

may make temporary rulings as the situation demands. The Department may issue a waiver to a judge or justice to commit to a hospital serving some other district than that from which the commitment is made.

Boston Psychopathic Hospital. Admissions for temporary care are from the so-called Metropolitan area. Other admissions or commitments may be made upon authorization by the Department.

Boston State Hospital. Commitments to this hospital are from the City of Boston, and only those who have been residents of Boston for twelve years or more immediately preceding date of commitment are received.

Danvers State Hospital. The County of Essex; the cities of Everett, Malden, Medford, Melrose, Woburn; and the towns of Arlington, Bedford, Billerica, Burlington, Chelmsford, Dracut, North Reading, Reading, Stoneham, Tewksbury, Wakefield, Wilmington, and Winchester in the County of Middlesex and the City of Chelsea and the towns of Revere and Winthrop in the County of Suffolk.

Foxborough State Hospital. Commitments to this hospital are to be made from such districts as may be authorized by the Department.

Gardner State Colony. Fitchburg, Ashburnham, Gardner, Athol, Royalston, Templeton, Petersham, Hubbardston, Phillipston, Dana, Winchendon, and Westminster in Worcester County, and Orange, Erving, Wendell, New Salem, and Warwick in Franklin County.

Grafton State Hospital. Commitments to this hospital are to be made from such districts as may be authorized by the Department.

Medfield State Hospital. Dedham, Dover, Medfield, Needham, Norwood, Wellesley, and Westwood, in Norfolk County, and from such other districts as may be authorized by the Department.

Metropolitan State Hospital. No direct admissions have been authorized.

Monson State Hospital. Epileptics, either sane or insane may be admitted from any part of the state.

Northampton State Hospital. Berkshire, Hampshire, and Hampden Counties, and Franklin County except the towns of Orange, Erving, Wendell, New Salem and Warwick, and the town of Hardwick in Worcester County.

Taunton State Hospital. The counties of Barnstable, Dukes, Bristol, Nantucket and Plymouth, and so much of Norfolk County as is not comprised in the Worcester and Medfield districts.

Westborough State Hospital. To receive patients from any part of the state for whom the applicant may desire homeopathic treatment.

Worcester State Hospital. All of Middlesex County not assigned to Danvers as above. All of Worcester County except those towns assigned to Northampton and Gardner, and the towns of Bellingham, Brookline, Franklin and Medway in Norfolk County.

Belchertown State School. The counties of Berkshire, Franklin, Hampshire, and Hampden, and Worcester County with the exception of Fitchburg, Lunenburg, Leominster, Lancaster, Harvard, Sterling, Bolton, Clinton, West Boylston, Worcester, Shrewsbury, Northboro, Northbridge, Milford, Hopedale, Webster, Douglas, Uxbridge, Millville, Blackstone, Southboro, Mendon, Berlin.

Walter E. Fernald State School. No district assigned.

Wrentham State School. No district assigned.

Regulation No. 2

All State Institutions.

Each patient admitted to a State hospital shall be received by a physician and shall immediately be given a complete physical examination. A full and careful record of the examination shall be made, and signed by the physician and the existence of any serious injury or illness shall be immediately reported to the superintendent.

Patients returning to a hospital from escape are also to be examined by a physician and their condition carefully noted, such note to be signed by the physician.

Regulation No. 3

All Institutions.

REGULATIONS RELATING TO VOLUNTARY PATIENTS

1. No MINOR shall be received as a voluntary patient without the written consent of parent or guardian and the approval of the Department.

2. No person shall be admitted as a voluntary patient unless, in the opinion of the superintendent, he is mentally competent to understand the conditions of such admission and his rights in the matter of discharge.

A person so admitted who expresses to a medical officer of the institution his intention or desire to leave the institution shall be given an opportunity to sign a written notice to that effect.

3. Should the mental condition of a voluntary patient so change as to render him incompetent to understand his status or to necessitate forcible restraint or detention, steps must be taken at once for his commitment or discharge, and if the persons responsible for or representing him object to his commitment, the matter shall be reported by the superintendent to the Department, which will investigate the case and may take action as provided by Section 23, Chapter 123, General Laws (Tercentenary Edition).

4. Voluntary patients shall not be detained beyond a period of twelve months without the approval of the Department.

These regulations are not to be held as applying to the Monson State Hospital nor to the Schools for the Feeble-minded.

Regulation No. 4

All State Institutions.

REGULATIONS GOVERNING PROPHYLAXIS AGAINST TYPHOID FEVER AND SMALLPOX

1. *Typhoid*. All patients under fifty years of age admitted to an institution and all new employees under fifty years of age shall be immunized against Typhoid Fever. This procedure shall be repeated every three years. Responsibility for individual exemptions from typhoid inoculation for any reason is hereby placed on the superintendent. A record of such exemption giving reason therefor should be filed at the institution.

2. *Smallpox*. All persons in the institutions under this Department who do not show evidence of successful vaccination shall be vaccinated. Every new patient and employee not showing such evidence shall be vaccinated and revaccinated until a typical reaction indicative of immunity is obtained. After this, revaccination will be indicated only in the presence of an epidemic. Age is no contra-indication.

3. No person known to have active tuberculosis or active syphilis shall be permitted to assist in the preparation of food.

4. All new employees shall be given such mental and physical examinations as may be deemed necessary by the superintendent.

Regulation No. 5

All Institutions.

REPORT OF INJURIES AND VIOLENT OR SUDDEN DEATH

1. The following injuries occurring in State or Private Licensed Institutions shall be reported to the Department at once, using D.M.D. Form No. 36.

1. Fractures.
2. Dislocations.
3. Serious lacerated or incised wounds.
4. Permanently disfiguring injuries of any kind.
5. Serious internal injuries.
6. Serious burns and scalds, frost bites, etc.
7. Serious self-inflicted or accidental injuries, unless of minor importance.
8. Swallowing of poisons and other dangerous foreign substances.
9. Unsuccessful attempts at suicide, with serious results.
10. Injuries or illness from exposure, of serious nature.
11. Serious injuries to patients in which an employee is involved.

2. Each case of suicide, violent or sudden death shall be reported to the Department as soon as possible, using D.M.D. Form No. 37. Accompanying this report shall be an abstract of the case record, a copy of the Medical Examiner's Certificate of Death, or, in case the Medical Examiner declines jurisdiction, a copy of the Medical Certificate of Death made out by the attending physician. An abstract or copy of the autopsy findings should be forwarded as soon as possible.

3. The Medical Examiner shall be called in all deaths occurring within one year following any serious injury or one which in any way may have been contributory to death.

4. The Pathologist of the Department shall be notified at once by telephone or telegraph, in each case of suicide, violent or sudden death, whether or not the Medical Examiner accepts jurisdiction in the case.

5. Each institution should endeavor to delay the removal of the body a sufficient time to permit the Pathologist of the Department to arrive at the institution.

Regulation No. 6

All Institutions.

MECHANICAL RESTRAINT, SECLUSION, PACKS, AND CONTINUOUS BATHS

1. The placing of a patient in a room with the door secured in any manner that will not permit the patient to open it shall be deemed seclusion. No order for seclusion shall be issued to cover a period of more than twelve hours.

2. No patient shall be placed in a pack or continuous bath except upon written order of a physician, on a blank provided for that purpose (D.M.D. A-32 and A-40).

3. All patients under treatment in a pack or continuous bath shall be under constant supervision and attendance by a nurse or trained attendant.

4. A "dry pack" shall not be used in the restraint or treatment of patients.

Regulation No. 7

All State Institutions.

RELATIVE TO ESCAPED PATIENTS

1. Upon the escape of a patient prompt and vigorous measures shall be taken to secure his or her return; relatives or other interested parties such as guardian of such patient must be notified immediately, by telephone or telegraph if possible, otherwise by letter. The aid of local and state police should be sought in any case when the patient is considered dangerous to be at large.

2. Any patient remaining on escape for the period of one year, unless he is held under the provisions of Section 100 — 105, Chapter 123, General Laws, (Tercentenary Edition) shall be discharged.

Regulation No. 8

All Institutions.

TRIAL VISITS AND DISCHARGES

1. The term "visit" shall apply to the regular trial visit of twelve months or to any temporary absence from the hospital of over three (3) days. The term "absent" shall apply to absences from the hospital of three days or less, except that all absences of more than twenty-four hours on escape shall be reported.

2. Visits shall be reported on the weekly return. Absences shall no longer be reported on the weekly return. Absences which become visits (by the patient remaining out of the hospital more than 3 days) shall be reported as visits from the first day of absences.

3. Every committed patient leaving the institution on visit may be returned to the institution at any time within twelve months from the date of leaving on visit. As a general policy voluntary patients should be discharged rather than released on visit.

Under the provisions of Section 88, Chapter 123, General Laws (Tercentenary Edition) "any patient who has not returned to the institution at the expiration of twelve months shall be deemed to be discharged therefrom."

4. A report by a patient at the institution or at a clinic is not to be construed as automatically extending his visit.

5. In order to accomplish renewal of a visit it is necessary for the patient to re-enter the hospital and be again taken upon the daily census. No visits are to be renewed without the approval of the Department.

6. "Discharge" means that the patient is released completely from the custody of the hospital and that the present order of commitment is null and void. In order for this patient to be again admitted a new legal form of commitment must be used. The discharge of escaped patients is dealt with in Regulation No. 7.

7. For statistical purposes the following notations shall be made on "discharges" viz: "Recovered", "Improved", "Unimproved" or "Without Psychosis".

8. "Recovered" indicates the condition of a patient who has regained his normal mental health, so that he may be considered to have practically the same mental status as he had previous to the onset of his psychosis. A recovery shall, therefore, be a psychiatric recovery and shall not represent merely a social adap-

tability. Therefore, a psychopathic person who enters the hospital because of a superimposed psychosis shall be considered as recovered if his acute psychosis has disappeared and he has returned to his usual mental health. Should a diagnosis of Psychopathic Personality without an additional psychosis be made, he could, obviously, not be discharged as recovered.

9. All regularly committed patients leaving the hospital should be carried on visit for a period of one year unless in the opinion of the superintendent there are circumstances which would make the discharge of the patient appear desirable.

10. Patients leaving the hospital against the advice of the superintendent should not be discharged except under unusual circumstances, but carried on trial visit under the provisions of paragraph 9.

11. Requests for the Department's approval to release on visit patients coming under the provisions of Section 90, Chapter 123, General Laws (Ter. Ed.) shall be made in the form of a letter, giving a detailed statement of the patient's condition, the amount of supervision to be given the patient in case he is released, and the recommendation of the superintendent. This letter is to be accompanied by an abstract of the case record.

12. No patient committed under the provisions of Sections 100-105 inclusive, Chapter 123, General Laws (Tercentenary Edition) shall be released on visit.

Regulation No. 9

All Institutions

REGULATION RELATIVE TO SERVICE OF LEGAL PROCESS UPON INSANE, MENTALLY DEFECTIVE, AND EPILEPTIC PATIENTS, AND THE EXECUTION OF INSTRUMENTS BY THEM

1. The superintendent or officer in charge of each institution for the care and treatment of the insane, mental defectives, or epileptics, is hereby directed not to permit the service of any legal process, other than citations for probate of wills, letters of administration or application for intermediate on final settlement of accounts of guardians or conservators or final accountings in probate courts, or such as may be instituted for the appointment of guardian or conservator upon any patient, or inmate, except upon order of a court of this Commonwealth or a Federal Court.

At the time of the service of any process upon a patient, the nature of the process, the date of the same, name of the court out of which it is issued and the date of its service must be entered in the history of the patient in the case record, and a copy of the process served and the copy of the judge's order, if there be one, must be filed with the papers relating to the patient. A copy of the process, or an explanatory letter, must be forwarded at once to the guardian or conservator of the patient, if there be one, or, if there be no guardian or conservator, then to the nearest known relative or next friend.

At the time of the service of a process, the superintendent, one of his assistants or the officer in charge shall be present.

2. Except as otherwise provided by this order, no insane, mentally defective or epileptic patient shall be permitted to sign any bill, check, draft or other evidence of indebtedness; to make a will; or to execute any contract, deed, mortgage or other legal conveyance, except upon the written order of the Department of Mental Diseases or of a judge of a court of the Commonwealth, or a Federal Court, showing that the judge has notice of the fact that the person whose signature is sought to be obtained was, at the date of the order, an inmate of an institution for the care and treatment of the insane, mentally defective or epileptic. A patient in a State institution may endorse checks without reference to this order if the money is to be deposited in the institution's office to be made available for the patient's use.

Regulation No. 10

All Institutions

REGISTERED PHYSICIANS, NURSES, DENTISTS OR PHARMACISTS, COMMITTED AS INSANE

In each instance where a registered physician, nurse, dentist or pharmacist is committed as insane to a State or Private Licensed Hospital, the Department shall be notified. Upon being released or discharged the Department shall again be advised.

*Regulation No. 11**All Institutions*

GOVERNING OPERATION OF MOTOR VEHICLES

In each instance where a person is committed as insane to a State or Private Licensed Hospital, who is known to be licensed to operate a motor vehicle, the Department shall be notified.

*Regulation No. 12**All State Institutions*

TRANSFER OF PATIENTS

1. The following must be observed relative to patients being transferred within the Commonwealth or removed to another country or state:—

- (a) Patient must be in a condition of bodily cleanliness and properly clothed.
- (b) No patient shall be transferred when mentally or physically unfit to travel.
- (c) Female patients must always be accompanied by a female attendant when transferred.
- (d) The person making the transfer shall give the hospital from which the patient is being transferred, a receipt for all valuables, other than clothing, sent with the patient, and shall obtain from the hospital to which the patient is being transferred, a similar receipt for same.

2. No unrecovered patient shall be released to go into another state or country without the consent of the Department.

3. No patient who has been designated by the Department as being under consideration for deportation to another state or country shall be released without the consent of the Department.

*Regulation No. 13**All State Institutions*

RELATIVE TO SOLICITING, COLLECTING, PEDDLING OR BEGGING.

No soliciting, collecting, peddling or begging shall be permitted in any institution or on the grounds thereof.

*Regulation No. 14**All State Institutions*

REGULATIONS GOVERNING SALES, RECEIPTS AND DISBURSEMENTS IN HOSPITAL RECREATION ROOMS

1. All state hospitals, schools and institutions under the Department of Mental Diseases are hereby authorized to sell merchandise and engage in such other activity for profit in its recreation rooms as may be deemed desirable by the trustees and Superintendent of the hospital. No state or patients' funds shall be available for this purpose.

2. The recreation rooms shall be in charge of a caretaker who shall be directly responsible to the superintendent. This caretaker shall be an employee, and if desirable he may be given patient assistance. No other persons shall be employed in the recreation rooms without the approval of the trustees and superintendent.

3. The profit derived from activities conducted in the recreation rooms shall be expended under the direction of the superintendent for the benefit of employees and patients and such other purposes as the trustees and superintendent may deem desirable.

4. No store shall be conducted upon the grounds of an institution under the supervision of the Department of Mental Diseases except as provided in this regulation.

5. A system of accounts shall be installed by the Department of Mental Diseases subject to the approval of the Comptroller. The treasurer of the hospital shall have the custody of all funds derived from this recreation room. Suitable bond shall be furnished.

6. The articles of merchandise to be handled therein are to be purchased independently in every way of supplies purchased for the institution. Under no circumstances is any article of merchandise belonging to the State to be sold in the recreation room.

7. All sales are to be made on a cash basis.

*Regulation No. 15**All State Institutions*

GOVERNING DENTAL, HAIRDRESSING AND BARBER SHOP PRACTICE

1. Plate work, special fillings and bridge-work shall, so far as possible, be paid for by relatives or friends.
2. An estimate of the cost of such material shall be obtained in advance, not including any fee of the dentist regularly employed at the hospital.
3. All monies received shall be paid to the institution treasurer.
4. Such monies shall be handled in the patient's account.
5. Where there are no relatives or friends able to pay, necessary dental work may be provided by the hospital.
6. No state hospital dentist, hairdresser or barber shall do work for other employees even on his own time, except that the superintendent may authorize emergency dental treatment.

*Regulation No. 16**All State Institutions*

USE OF MEDICAL FACILITIES IN EMERGENCY

1. The special medical facilities of the institutions may in unusual circumstances be made available to persons in the community upon the request of a physician, at the direction of the superintendent. The charge for this service shall in no instance be less than the cost thereof.
2. Emergency first aid treatment in accident cases brought to the hospitals may be rendered. In such cases charges shall be made commensurate with the charges of the general hospitals in the community. Such cases shall be removed as soon as their physical condition permits.

*Regulation No. 17**All State Institutions*

RELATING TO WARD SERVICE AND EMPLOYEES IN GENERAL

1. Each new employee shall be furnished with a copy of the Service Manual of State Hospitals under the Department of Mental Diseases, and instructed to read it through carefully before being allowed to go on duty.

*Regulation No. 18**All State Institutions*

RELATIVE TO VACATIONS

1. The purpose of a vacation being to benefit the employee and to increase his efficiency for future service, all employees shall be entitled to a vacation only when they are continuing in the service of the institution.
2. All employees must render at least six months continuous service to become entitled to any part of an annual vacation (except laborers, workmen, and mechanics, whose vacations are governed by Section 38, Chapter 149, General Laws, Tercentenary Edition).
3. All employees shall be entitled to annual vacations of 12 working days with pay, except that vacations for physicians shall be as follows:—Two weeks at the end of each of the first three years; three weeks at the end of the fourth and fifth years; and four weeks' vacation thereafter.
4. All vacations shall be granted at such time as may be determined by the superintendent in the best interest of the institution.
5. No employee shall be entitled to compensation in lieu of the vacation under any circumstances.
6. Temporary employees and employees engaged on work carried on by the institution and covered by special appropriations shall not be entitled to vacations.
7. Compensation for time off because of illness or injury shall be determined by the superintendent of the institution.
8. Accumulation of vacations from one year to another shall not be permitted.

*Regulation No. 19**All State Institutions*

BUSINESS WITH OTHER STATE DEPARTMENTS

1. All business transactions and correspondence between the institutions under this Department and the other Departments of the state government shall be conducted through the Department.

*Regulation No. 20**Licensed Institutions*

LICENSING OF PRIVATE INSTITUTIONS FOR THE CARE OF INSANE, FEEBLEMINDED
OR EPILEPTIC PERSONS, OR PERSONS ADDICTED TO THE INTEMPERATE
USE OF NARCOTICS OR STIMULANTS

Section 3, Chapter 123, General Laws, (Ter. Ed.) imposes upon the Department the responsibility of supervising the care and treatment of the insane, feeble-minded, or epileptic person, or persons addicted to the intemperate use of narcotics or stimulants, in both public and private institutions conducted for the care of such persons. Section 33, Chapter 123, General Laws, (Ter. Ed.) places upon the Department the responsibility of licensing private institutions for the care of insane, feeble-minded or epileptic persons or persons addicted to the intemperate use of narcotics or stimulants. Section 34, Chapter 123, General Laws, (Ter. Ed.) fixes the penalty for maintaining an institution for the care or treatment of persons mentioned in Section 33 without a license from the Department.

In order to insure a suitable standard of care and treatment in the institutions licensed under the provisions of Section 33, Chapter 123, General Laws (Ter. Ed.) the following regulations relative to the licensing and operation thereof are hereby adopted: —

1. The application for license must be filed in the form prescribed by the Department.

2. The application must be accompanied by a block plan showing the extent of the property, location and plans of existing buildings, together with plans and specifications of all buildings to be erected, and a description of the system of sewage disposal, of water supply and of heating and lighting.

3. Sufficient measures for fire protection must be provided and approved by the Department of Mental Diseases and Department of Public Safety.

4. If the institution is to care for persons with mental disease, epilepsy or drug addiction it must be constantly in the charge of a physician, qualified as provided in Section 53, Chapter 123, General Laws and Section 33, Chapter 123, General Laws, (Ter. Ed.).

5. Any private hospital operating under license from the Department, having less than five patients, whether committed or not, shall have a resident, licensed physician who shall see each patient at least once every day.

6. All private hospitals operating under license from the Department, having five or more committed patients, shall have a physician on the premises constantly.

7. The institution must be equipped to treat mental disorders according to present standards.

8. Every licensed institution shall employ as head nurse, a person who has had training and experience in psychiatric nursing and who is approved by the department.

9. The nursing personnel of every licensed institution shall be adequate to care for patients under treatment therein in accordance with modern standards. Such nursing force shall be increased whenever deemed inadequate by the Department.

10. No private institution shall keep any mental patients on the third floor of any building without special permission in writing from the Department.

11. In institutions caring for feeble-minded only, the provisions of paragraphs 4, 5, 6 and 8 may be modified or waived by the Department in its discretion, but the person in charge of such institution shall have had experience in the care, training and education of the feeble-minded acceptable to the Department.

12. The provisions of Chapter 123, General Laws, (Tercentenary Edition) relating to the care of insane, feeble-minded or epileptic persons or persons addicted to the intemperate use of narcotics or stimulants, shall apply to all licensed private institutions.

13. All institutions licensed by the Department shall be subject to inspection by a representative of the Department at any time. Refusal to permit inspection shall be sufficient reason for revocation of license.

*Regulation No. 21**All State Institutions*

REGARDING FIRE EXTINGUISHING APPARATUS AND FIRE DRILLS

1. In addition to standpipe and hose, each ward shall be equipped with an adequate number of chemical fire extinguishers. The location of these extinguishers shall be suitably marked to insure their easy access in case of need.

2. Each extinguisher shall be numbered and such number shall be clearly shown thereon.

3. The engineer or other designated person at the institution shall keep a record book giving number and location of each extinguisher.

4. Each extinguisher shall be recharged at least once each year. The date of recharging shall be entered on a tag securely attached to the extinguisher and initialed by the person doing the work.

5. Regular inspections shall be made of all standpipes, hose, and nozzles. Such inspection shall consist of a test of the water supply and examination of the hose and nozzle. The hose shall be kept connected to the standpipe and hung properly on brackets, or reels, in such manner that it will be entirely pulled from the bracket and not kink when the water is turned on.

6. Only fireproof or fire resisting shingles are to be used on roofs where and when replacements are necessary.

7. All new electric wiring is to be installed in accordance with the National Code of Fire Underwriters and state regulations.

8. All replacement wiring or equipment must comply with code and state regulations.

9. No existing fire doors, fire walls, smoke screens, fire escapes, etc., are to be removed or altered without the prior approval of the Department of Public Safety.

10. No stoves in which gasoline, kerosene or other inflammable liquid is used are to be allowed in any portion of an institution occupied by patients, nor in any other portion of the hospital except with approval of the superintendent.

11. The superintendent of each institution shall cause fire drills to be conducted at least once each month.

12. Only non-inflammable X-ray films are to be purchased for use in any institution. Any institution which has in storage some of the inflammable type of film should see to it that these are stored in fire-proof containers and stored in buildings not occupied by patients.

13. All inflammable and explosive substances shall be stored in fireproof containers or in buildings far enough removed from the wards so as not to endanger the lives of patients.

14. No electric stoves or irons shall be used except in such places and under such conditions as may be approved by the superintendent.

*Regulation No. 22**All State Institutions*

DRUGS AND POISONS

1. Drugs may be kept on wards in sufficient quantities to meet the current needs, provided the following precautions are observed.

2. All drugs must be kept in locked medicine cabinets so placed that they will be under the additional protection of a locked room door, for example, the head nurse's office on the ward.

(a) The medicine cabinet must be locked at all times when not in active use.

(b) The room door must be locked at all times when the room is not occupied by an employee.

3. All drugs are to be given only on the written order of a physician.

4. No drugs are to be administered to a patient except by an employee designated for the purpose.

5. Poisonous substances used on the farm and in the mechanical or other departments shall be kept in locked closets.

6. The containers of all poisonous substances, wherever kept, shall bear a distinctive label indicating the poisonous nature of the contents.

*Regulation No. 23**All Licensed Institutions*

RECORDS TO BE KEPT

1. The order of commitment, with accompanying application and medical certificate, shall at all times be kept in a secure place and protected against destruction by fire. In the case of voluntary patients the original application and report of admission shall be kept in a similar manner. In the case of committed patients received by order of transfer by the Department, the order of transfer shall be filed with the commitment papers.

2. An adequate history shall be procured in each case admitted and a clinical record of progress and treatment made.

3. The original orders for restraint and seclusion issued by the physician in charge shall be kept as a permanent record. This may be done by an index file or by pasting them in a book kept for this purpose.

*Regulation No. 24**All Institutions*

PATIENT'S CORRESPONDENCE

1. Section 98, Chapter 123, General Laws (Tercentenary Edition) must be carefully observed.

2. The superintendent shall exert a proper discretion in the matter of delivering mail to the inmates and in preventing the transmission of letters intended by such inmates for delivery to other persons, especially when the interests or the recovery of patients might be injured or the safe administration of the affairs of the institution interfered with.

3. Incoming mail suspected of containing money or other valuables should be inspected and properly noted before delivery to the patient.

*Regulation No. 25**All Institutions*

PATIENTS' VISITORS

1. Section 97, Chapter 123, General Laws, (Ter. Ed.) should be carefully followed.

2. Relatives and friends should be allowed to visit patients when, in the opinion of the superintendent, such visits will not be harmful to them.

*Regulation No. 26**All Licensed Institutions*

REPORTS TO BE SUBMITTED TO THE DEPARTMENT

1. A copy of the commitment papers must be sent to the Department within four days after the admission of a patient committed directly to the licensed institution, whether insane, epileptic, mentally defective, inebriate or drug addict.

2. A copy of application and report of admission of a voluntary patient must be forwarded to the Department within four days after admission of the patient.

3. In case a committed patient is received by transfer it is not necessary to send a copy of the papers, as this has already been done by the preceding institution.

*Regulation No. 27**All State Institutions*

PUBLICATION OF ARTICLES

No essay, pamphlet, book, or other article written by a member of the staff of a State hospital or school, purporting to deal with the work or practices of the institution, shall be offered for publication in any journal or magazine without the approval of the Department.

*Regulation No. 28**All State Institutions*

The commission created under Section 47, Chapter 362 of the Acts of 1923 has authorized this Department to issue instructions relative to the destruction of old reports, documents and forms. These authorized instructions are as follows:—

1. All books, whether bound or loose leaf, or card system required by the Comptroller for financial records, and all duplicate bills as required by statute, must be kept indefinitely. However, after the expiration of ten years, if it is desired, a special request to this office for the destruction of stock books and other similar records may be made.

2. Cancelled checks over six years old may be destroyed.

3. The following case records relating to patients are to be kept permanently:

- A- 1 Case Record Folder — hospitals
- A- 2 Case Record Folder — schools
- A- 3 Case Record Sheet
- A- 4 Admission Record
- A- 18 Permission for Operation
- A- 45 Record of Visitors
- A- 46 Clothing Record Card — hospitals — female
- A- 47 Clothing Record Card — schools — female
- A- 48 Clothing Record Card — hospitals — male
- A- 49 Clothing Record Card — schools — male
- A- 58 Mortuary Report
- A- 59 Permission for Autopsy
- A- 61 Accident and Injury Report
- A- 78 Clothing List
- A-112 Binet Test

4. The following should also be permanent records:

- A- 7 Patient's Index Card
- A- 33 Record of Restraint and Seclusion
- A- 70 Admissions — week ending (1)
- A- 71 Dismissals — week ending (2)
- A- 72 Dismissals — week ending (3)
- A- 73 Dismissals — week ending (3) Schools
- A- 79 Application for Admission — Nurses' Training School
- A- 80 Nurses' Training School Record Sheet
- A- 81 Descriptive Applications for Admission to (schools)
- A- 99 School Clinic Records — School Clinic
- A-100 School Clinic Records — Field of Inquiry
- A-101 School Clinic Records — Correlation Sheet
- A-102 School Clinic Records — Physical Examination
- A-103 School Clinic Records — Family History
- A-104 School Clinic Records — Personal and Developmental History
- A-105 School Clinic Records — History of School Progress
- A-106 School Clinic Records — School Tests
- A-107 School Clinic Records — Practical Knowledge I
- A-108 School Clinic Records — Practical Knowledge II
- A-109 School Clinic Records — Economic Efficiency
- A-110 School Clinic Records — Social History and Reactions
- A-111 School Clinic Records — Moral Reactions
- A-112 School Clinic Records — Binet Test
- A-175 Reference Letter
- A-176 Employee's Record Card

5. All records relating to the ward service and the care of patients for the complete statistical and fiscal year preceding, should be kept until the end of the corresponding current year, and the destruction of the following records are left optional with the individual hospitals after the expiration of that period of time:

- A- 8 Clinical Chart
- A- 9 Clinical Record
- A- 10 Case History
- A- 11 Clinical Analysis
- A- 12 Anaesthesia Record
- A- 13 Operative Record
- A- 14 Doctor's Order Sheet
- A- 15 Gynecological Chart
- A- 16 Record of Menstruation
- A- 20 Report Card, X-ray
- A- 21 Report Card, Blood
- A- 22 Report Card, Stomach Content
- A- 23 Report Card, Autopsy

- A- 24 Report Card, Urine
- A- 25 Report Card, Sputum
- A- 26 Report Card, Cerebrospinal Fluid
- A- 27 Report Card, Bacteriological Examination
- A- 28 Report Card, Stool
- A- 30 Report of Basal Metabolism Determination
- A- 31 Record of Convulsions
- A- 32 Order for Restraint and Seclusion
- A- 34 Dentist's Daily Report
- A- 35 Dental Record Card
- A- 36 Wet Sheet Pack Report
- A- 37 Continuous Bath Report
- A- 38 Tonic Bath Report No. 1
- A- 39 Tonic Bath Report No. 2
- A- 40 Daily Continuous Bath Order
- A- 41 Monthly Report
- A- 52 Weight Chart
- A- 62 Daily Ward Report
- A- 63 Daily Ward Report — Schools
- A- 64 Night Ward Report
- A- 65 Night Ward Report — Schools
- A- 66 Supervisor's Daily Report
- A- 67 Matron's Daily Report — Schools
- A- 68 Physician's Daily Report
- A- 69 Daily Ward Summary
- A- 82 Prescription Slip
- A- 89 Urine Record
- A-113 Social Service — Initial Sheet
- A-114 Social Service — Monthly Statistical Report — hospitals
- A-115 Social Service — Monthly Statistical Report — schools
- A-116 Social Service — Index Card
- A-117 Social Service — General File Card
- A-118 Social Service — Reference Card
- A-119 Social Service — Research Card — Wage Earners' Group for schools
- A-125 Daily Summary — Employees
- A-129 Time Card
- A-135 Receipt for Articles Received for Patients
- A-152 Daily Report of Waste
- A-154 Automobile Record
- A-156 Industrial Department Report
- A-165 Swine Record
- A-166 Farm Form — Form for Herd Book
- A-167 Farm Form — Form for Herd Book
- A-168 Farm Form — Form for Herd Book
- A-169 Farm Form — Institution Labor
- A-170 Farm Form — Barn Milk Score
- A-171 Farm Form — Farm Produce and Inventory Live Stock
- A-172 Farm Form — Farm Labor Recapitulation
- A-173 Farm Form — Daily Report of Farm Produce

6. The hospitals are authorized to destroy at any time the following records and memoranda intended for temporary use, and having no value as permanent hospital records, after they have served their purpose:

- A- 5 Patient's Ward Card
- A- 6 Statistical Memorandum
- A- 17 Requisition for Consultant
- A- 19 Laboratory Requisition
- A- 29 Urine Specimen Label
- A- 42 Visitor's Card No. 1
- A- 43 Visitor's Card No. 2
- A- 44 Visitor's Card No. 3

- A- 50 Special Diet List
- A- 51 Bath Report
- A- 53 Weight Report
- A- 54 Special Pass Card
- A- 55 Pass Card
- A- 56 Death Notice
- A- 57 Mortuary Slip
- A- 60 Escape Report
- A- 74 Optician's Prescription Card
- A- 75 Card, Clothing to be Disinfected — red
- A- 76 Transfer Slip
- A- 77 Alphabetical List of Patients
- A- 83 Notice of Clothing Required
- A- 84 Summary of Case Record Cards for Statistical Purposes
- A- 85 Individual Record Cards for Statistical Purposes
- A- 86 Daily Work Sheet (Statistical)
- A- 87 Notice to Superintendent of Statistical Information Required
- A- 90 Prescription for Occupational Therapy
- A- 93 Occupational Therapy Register
- A-126 Daily Employee Census
- A-127 Personal Slip No. 1
- A-128 Personal Slip No. 2
- A-131 Record of Outgoing Telephone Calls
- A-151 Dietary form No. 2
- A-153 Laundry List
- A-155 Gummed Shipping Slip
- A-157 Yard Tool Ticket
- A-162 Laundry List — household
- A-174 Application for Position
- A-177 Library Card
- A-178 Repair Slip
- A-179 Workshop Memorandum

7. The disposal of all other records, forms and memoranda not covered in the preceding sections, and obviously not intended for any permanent use, is left to the individual hospitals.

LICENSES RELINQUISHED, AND LICENSES GRANTED TO PRIVATE HOSPITALS DURING THE YEAR

Dr. Walter C. Haviland, who had been associated with the Herbert Hall Hospital, Worcester, Mass., since 1905, having been in charge of the institution since 1915, relinquished his license on May 21, 1934, and the hospital was closed on that date.

A license was granted to Dr. Edward H. Wiswall, for many years on the staff of the institution founded by his father, to conduct the Wiswall Sanatorium, Inc., in Wellesley, which had previously been in charge of Dr. Harry O. Spalding. The institution in Needham, formerly a part of the Wiswall Sanatorium, Inc., has been discontinued and the patients who were residing there were moved to the main building in Wellesley. Dr. Spalding, formerly Superintendent of the Westborough State Hospital, Westborough, Mass., and in charge of the Wiswall Sanatorium, Inc., since 1919, has retired.

DEPORTATION

One hundred sixty-eight cases were considered for deportation during 1934, in comparison to 231 cases in 1933. The Department deported 69 to other states and 14 to other countries and, in addition, the United States Department of Labor deported 6 to other countries: in all, 89.

Four thousand five hundred thirty-two have been deported by this Department since October 1, 1898.

Details of the disposition of cases under consideration for deportation are shown in Table 137.

LEGISLATION — 1934

CHAPTER 15. — *An Act relative to the transfer to certain institutions of insane Prisoners in the State Prison Colony.*

Whereas, The deferred operation of this act would cause substantial inconvenience therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Chapter one hundred and twenty-three of the General Laws is hereby amended by striking out section one hundred and two, as appearing in the Tercentenary Edition thereof, and inserting in place thereof the following: — *Section 102.* The department shall designate two persons, experts in insanity, to examine prisoners in the state prison, state prison colony, the Massachusetts reformatory, the prison camp and hospital or the reformatory for women, alleged to be insane. If any such prisoner appears to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, the warden or superintendent shall notify one or both of said experts, who shall, with the physician of such penal institution, examine the prisoner and report the result of their investigation to the superior court for the county where such penal institution is situated. For the purposes of this and the following section, "superior court" may, in respect to a prisoner in the state prison colony, include the district court of western Norfolk, in respect to a prisoner in the Massachusetts reformatory, the district court of central Middlesex, and in respect to a prisoner in the reformatory for women, the first district court of southern Middlesex. (*Approved February 13, 1934.*)

CHAPTER 204. — *An Act relative to the Discharge of a Person under Guardianship or Conservatorship in Certain Cases.*

Section 1. Section thirteen of chapter two hundred and one of the General Laws, as appearing in the Tercentenary Edition thereof, is hereby amended by adding at the end thereof the following new sentence: — In the event of the death, resignation or removal of the guardian of an insane person, the court, on the application of the former ward and after notice to his heirs apparent or presumptive, including the husband or wife, if any, and to the said department, may certify that the said ward is discharged by operation of law and, if it so appears, that guardianship of said ward is no longer necessary.

Section 2. Section eighteen of said chapter two hundred and one, as so appearing, is hereby amended by adding at the end thereof the following new sentence: — In the event of the death, resignation or removal of a conservator, the court, on the application of the former ward and after notice to his heirs apparent or presumptive, including the husband or wife, if any, may certify that the said ward is discharged by operation of law, and if it so appears, that conservatorship of the property of said ward is no longer necessary. (*Approved May 10, 1934.*)

CHAPTER 318. — *An Act relative to the Disposal of the Sewage from the Walter E. Fernald State School through the sewerage system of the City of Waltham.*

Whereas, The deferred operation of this act would tend to defeat its purpose, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.

Section 1. The department of mental diseases is hereby authorized to cause the sewage from the Walter E. Fernald state school to be discharged into the sewer constructed by the city of Waltham under the provisions of chapter three hundred and seventy-two of the acts of nineteen hundred and twenty-eight, at such point as may be agreed upon by the commissioner of mental diseases and the mayor of said city of Waltham, or in case of failure to agree, at such point as may be determined by the state commissioner of public health. The necessary connecting sewer may be constructed and used prior to December thirty-first, nineteen hundred and thirty-four, notwithstanding the provisions of section two of this act; provided, that such changes in the manner of disposal of the sewage from said state school shall not affect the payments to said city up to said December thirty-first, nineteen hundred and thirty-four, under the existing agreement referred to in said section two.

Section 2. The board of trustees of said state school are hereby authorized to enter into an agreement in writing with said city of Waltham, acting by Henry F. Beale, director of public works and the legal successor to the superintendent of sewers and/or the board of sewer commissioners, abrogating, as of December thirty-first, nineteen hundred and thirty-four, the agreement between said parties made pursuant to section three of chapter eighty-three of the acts of eighteen hundred and ninety-three, as amended by chapter two hundred and fifty-four of the acts of nineteen hundred and twenty-one, said agreement being dated October eleventh, nineteen hundred and thirty-three, and providing for payments to said city under said chapter eighty-three, as amended. On the execution of such agreement of abrogation, in lieu of the compensation payable under said chapter eighty-three, as amended, there shall be paid by the commonwealth to said city, as full compensation for the right to dispose of the sewage of said state school through the sewerage systems of said city and of the south metropolitan sewerage district, in each year for four years beginning with the year nineteen hundred and thirty-five the sum of twenty-seven hundred and forty-nine dollars and fourteen cents toward the annual expenses of maintaining and operating the sewers of said city, including the amount paid annually by said city for the disposal of sewage through the south metropolitan sewerage system, unless in any year during the said four year period the average population of said state school, including inmates, attendants and other employees in residence thereat throughout said year, shall exceed two thousand, in which case there shall be an added payment to said city of one dollar per year for each person by which said average population exceeds two thousand. After the end of the year nineteen hundred and thirty-eight, there shall be paid by the commonwealth to said city annually toward the expenses of maintaining and operating its sewers, including the amount paid annually by said city for the disposal of sewage through the south metropolitan sewerage system, such sum as may be agreed upon between said city, acting through its duly authorized representatives, and the commissioner of mental diseases and the commissioner of public health, acting for the commonwealth; and if said city and said commissioners shall be unable to agree, then the amount to be paid annually shall be determined by three commissioners to be appointed by the supreme judicial court upon the application of either party in interest and after notice to the other. The award of said commissioners appointed as aforesaid, when accepted by said court, shall be binding upon said city and the commonwealth. When the amount of any annual payment after the end of the year nineteen hundred and thirty-eight is determined as aforesaid, it shall be certified to the commissioner of mental diseases and to the state treasurer by a certificate signed by the representatives of said city and by said commissioners of state departments in case of an agreement, or by a certificate of the clerk of said court in case of an award, and such amount shall continue to be paid annually by the commonwealth as aforesaid until changed by a new agreement or a new award made upon application of either said city or said commissioner of mental diseases and duly certified in the manner above provided, but no such change shall be made oftener than once in five years. All amounts payable by the commonwealth hereunder shall be paid annually out of the appropriation for maintenance of said state school. From and after January first, nineteen hundred and thirty-five, if such an agreement of abrogation is executed, the provisions of this section shall supersede the provisions of said section three of said chapter eighty-three, as amended by said chapter two hundred and fifty-four.

Section 3. The said city of Waltham is hereby authorized to use so much of the proposed connecting sewer between said state school and the sewer constructed under the provisions of chapter three hundred and seventy-two of the acts of nineteen hundred and twenty-eight as lies between Waverley Oaks road and the connection with the sewer constructed under said chapter three hundred and seventy-two, for the removal of domestic sewage from the property adjacent to that part of Waverley Oaks road lying between the said connecting sewer and Shirley road, amounting to an area of twenty-eight acres more or less.

Section 4. In the event that the sewer constructed under said chapter three hundred and seventy-two becomes inadequate to carry the sewage discharged into it, including the sewage from said state school, the commonwealth shall, after appropriation, contribute such part of the expense of any additional sewer that

may then be constructed, or of the enlargement of said existing sewer, as represents the sewer capacity required by the sewage from said school as compared with the total additional capacity required. (*Approved June 23, 1934*).

CHAPTER 27. — *Resolve relative to the Claim of Napoleon Benoit of Belchertown for damages in connection with the Release of Sewage from the Belchertown State School sewage disposal beds.*

Resolved, That the attorney general is hereby authorized and directed to investigate the claim of Napoleon Benoit of Belchertown against the commonwealth, referred to in current house document numbered six hundred and sixty-five, and to find the facts in relation thereto and the amount of damages, if any, sustained. The attorney general shall report to the general court the results of his investigation, and his recommendations, if any, together with drafts of legislation necessary for carrying said recommendations into effect by filing the same with the clerk of the house of representatives on or before December first in the current year. (*Approved June 13, 1934*).

ANNUAL REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS

To the Commissioner of the Department of Mental Diseases:

During the year ending November 30, 1934, the following have served as a committee on training schools:

William A. Bryan, M.D., Chairman,
Ralph M. Chambers, M.D.
Roderick B. Dexter, M.D.
Joseph E. Barrett, M.D., Secretary until September 18.
Arthur N. Ball, M.D., Appointed Secretary September 18.

Regular three year courses have been given during the year at the following hospitals:

Danvers State Hospital	Taunton State Hospital
Medfield State Hospital	Westborough State Hospital
Monson State Hospital	Worcester State Hospital

On October 1, 1933, these six State Hospitals had an enrollment of 205 in the regular three year course, 33 in the three-month affiliate course for general hospital student nurses and 9 in the post-graduate course. The students were distributed as follows:

	<i>Junior</i>	<i>Inter- mediate</i>	<i>Senior</i>	<i>Affili- ates</i>	<i>Post Graduates</i>
Danvers	17	17	18	6	0
Medfield	15	6	6	0	0
Monson	9	14	12	3	0
Taunton	6	10	14	6	9
Westborough	12	7	10	0	0
Worcester	8	8	16	18	0
Total	67	62	76	33	9

Of the above, 51 Juniors, 50 Intermediates and 66 Seniors successfully completed the year's work.

On October 1, 1933, 134 students were enrolled in the Psychiatric Training Schools maintained at the Boston, Foxborough, Grafton and Northampton State Hospitals and the Gardner State Colony. The students in this two year course were distributed as follows: —

	<i>Junior</i>	<i>Senior</i>
Boston	34	14
Foxborough	12	11
Gardner	21	7
Grafton	9	8
Northampton	12	6
Total	88	46

Of the above, eighty-eight students (52 Juniors and 36 Seniors) successfully completed the year's work.

At the Boston Psychopathic Hospital, fifty-six nurses from six general hospitals took the three months' affiliate course.

Meetings of the Committee were held at the State House, Boston, during the year 1934, as follows: —

In Room 109: February 5, May 14, July 25.

In Room 460: August 2, November 5.

The last two meetings were attended also by the Principals of the Schools of Nursing.

A census of the schools giving the three year course taken November 5, shows an enrollment as compared with the previous year of 52% less juniors, 19% less intermediates and 29% less seniors. The large shrinkage in the junior class appears to be due largely to the greatly increased entrance requirements. In the Psychiatric Nursing Schools for the same period there was a falling off of 12% in the junior enrollment and a gain of 87% in the senior enrollment. The number of affiliates had fallen off from 47 in 1933 to 33 in 1934. The number of post graduate students remained unchanged at 9 for the same period.

During the year Committees of Principals of Training Schools revised the list of text-books and the prospectus of the schools.

Following the custom of recent years the committee met in May to select examination questions for the June finals. These questions were sent out from the State House sealed and were opened at the hospitals at the time of examination. Several students failed to make a passing grade in some subject and were given a re-examination, which all passed.

On May 24, 1934, the State Division of Registration for Nurses adopted the following requirements for admission to approved schools of nursing to become effective September 1, 1934: —

"The candidate must be a graduate of a standard four-year high school, or have equivalent preparation. The high school certificate must show the completion of fifteen units accepted by the high school in meeting graduation requirements."

"The fifteen units for admission must include the six units in the Prescribed Group, six units from the Limited Elective Group, and three units may be free."

Prescribed (6 units)

English 3 units (4 years)

American History and Civics 1 unit

Mathematics (Algebra and Plane Geometry) 2 units*

or

Science 2 units*

1 unit General Science or Biology

1 unit from list below

*1 unit of each will not be accepted.

Limited Electives (6 units selected from the following)

Foreign Modern Language 2, 3 or 4 units.

Greek or Latin 2 or 3 units

Social Studies* 1 or 2 units

Mathematics* 1 unit (or 2 units if not offered before)

Science* 1 unit (or 2 units) if not offered before)

Commercial subjects* 1 unit

Practical Arts (Home Economics) 1 unit

*See list below.

Free Electives (3 units)

These three units may consist of any work which the high school accepts as meeting its graduation requirement.

Social Studies

Community Civics ½ or 1 unit

History to about 1700 1 unit

European History since 1700 1 unit

Economics	1/2 unit
Problems of Democracy	1/2 or 1 unit
Ancient History	1 unit
English History	1 unit
Medieval and Modern History	1 unit
<i>Science:</i>	
General Science	1/2 or 1 unit
Biology or Botany or Zoology	1/2 or 1 unit
Chemistry	1 unit
Physics	1 unit
Physical Geography	1/2 or 1 unit
Physiology and Hygiene	1/2 or 1 unit
Astronomy or Geology	1/2 or 1 unit
<i>Mathematics:</i>	
Algebra	1 or 2 units
Arithmetic	1 unit
Geometry	1 unit
College Review Mathematics	1 unit
Bookkeeping	1 unit
<i>Commercial Subjects</i>	
Stenography (including Typewriting)	1 or 2 units
Commercial Geography	1/2 or 1 unit
Commercial Law	1/2 unit

The Committee feels that this stiffening of the entrance requirements is entirely justified in view of the enormous increase in the number of graduates from nurses' training schools in recent years (said to have been 2,374% from 1900 to 1930) with the result that the nursing profession is greatly overcrowded. So far as nurses especially trained in psychiatry are concerned, however, there is no overcrowding and the committee feels that to eliminate the regular training schools from all our State hospitals would be a distinct loss to the progress of psychiatry.

At present there seems to be considerable doubt as to the future of the training schools in our State hospitals especially as regards the regular three year course.

Respectfully submitted,

WILLIAM A. BRYAN, *Chairman*
RALPH M. CHAMBERS

RODERICK B. DENTER
ARTHUR N. BALL, *Secretary*

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1934. Tables 1-11 inclusive, immediately follow this report).

To the Commissioner of the Department of Mental Diseases:

The report is submitted of the activities of the Financial Division for the fiscal year ending November 30, 1934. This report has embodied in it the finances of the Department and the institutions under its financial control, together with the reports of the Department's Engineer, Assistant Engineer, and Farm Coordinator, containing information relating to the work of the Financial Division on appropriations for special purposes, the supervision of major repairs and the overseeing of institution farms, and various tables dealing with these activities.

There were no vacancies filled in the training school for stewards during the year.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives.

The expenditures of the Department itself, given in Table 2, amount to the sum of \$256,666.20, a decrease of \$18,967.38 over that of the previous year. The Division for Examination of Prisoners which was discontinued in 1933 accounts for \$21,144.41 of the difference. Expenditures under Personal Services were increased \$1,528.45, and Expenses were increased \$5,528.46.

Table 3 shows the amount appropriated by the legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed of indebtedness incurred prior to the close of the previous fiscal year). These two amounts represent the total appropriation available for the current year. Next

is the gross expenses then the receipts which are for sales only. Receipts for board of patients are shown on Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next is shown the net expenses arrived at by deducting receipts from the gross expenses and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$6.04; that for the schools for mental defectives is \$5.63; with an average of \$5.96 for the sixteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1933, the average weekly per capita cost for the twelve mental hospitals was \$5.849, or \$.191 less than 1934. For the schools for mental defectives for the fiscal year 1933 the average weekly per capita cost was \$5.381 or \$.249 less than the average per capita cost for the fiscal year 1934. Taking the total of the sixteen institutions for 1933, the average weekly per capita cost was \$5.76 as compared with the average per capita cost of 1934, of \$5.96, or \$.20 less than the average of 1934. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional compared with that for the other institutions, the average weekly per capita cost for the twelve mental hospitals, when recomputed without the Boston Psychopathic Hospital for 1934 is \$5.865, and the average per capita cost for the fifteen institutions computed without the Boston Psychopathic Hospital, is \$5.819.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. In comparison with the expenses of 1933, all classifications show increases except Personal Services and Religious Instruction. Salaries were increased one third of the net reduction of 1933, effective April first.

The average weekly per capita cost per patient for personnel for 1933 was \$3.28 and for 1934 \$3.21, a decrease of \$.07 from 1933. This detail will be noted in Table 5.

The rotation of persons employed for the year shows a slight increase in all classifications.

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the act dealing with special appropriations by the Legislature. Under Chapter 365 of the Acts of 1933, appropriations were made in conjunction with the National Recovery Act, on the basis of 30% furnished by the Federal Government, and 70% by the Commonwealth. This is given in detail in the report of the Department engineers, and in Table 7 where are shown all of the appropriations of this nature active during the fiscal year. This table deals with indebtedness incurred and balances available rather than with the actual cash payments and cash balances. If cash payments and cash balances are desired they can be obtained by referring to the report of the Comptroller of the Commonwealth. This table more clearly represents the actual condition of the appropriation as it shows the true balances available for additional expenditures. Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to \$761,440.22 a decrease from the receipts of 1933 of \$37,241.42. The per capita amount received in 1934, based on average daily patient population was \$30.15. The receipts from paying patients were 9.70% of the total cost of Maintenance. (Table 8).

Section 27, Chapter 123 of the General Laws reads as follows: "The trustees of each state hospital shall be a corporation for the purpose of taking and holding by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof."

Under this section hospitals have received gifts as shown in Table 9 which have been deposited as funds, the proceeds of which have been used for the benefit of

the patients in accordance with the terms or restrictions placed thereon by the donor. This Department encourages gifts made under this law and from them special benefits are derived by the patients in ways not always possible from the funds of the Commonwealth.

The printing plant, conducted by the Department at the Gardner State Colony, permits of a valuable form of occupational therapy for patients and at the same time meets the printing needs of the Department and its institutions. During the year the following material was printed: 290,500 letterheads, 51,000 envelopes, 37,500 Christmas folders, 31,600 Christmas labels, 78,100 triplicate order blanks, 3,239,675 medical and other forms and cards of 303 varieties, 143,500 payroll checks, 2,650 booklets, 3,700 bulletins and books, 500 contract forms, 1,200 department annual reports, 8,750 institution annual reports, 500 reprints. The total cost of these forms was \$4,259.01 which does not include the cost of the paper (which is furnished by the Commission on Administration and Finance) and does not include the cost of type-setting for the annual reports, contract forms, booklets and bulletins.

The reports of the Department's Engineer, Assistant Engineer, and Farm Coordinator are appended.

REPORT OF THE DEPARTMENT ENGINEER

Practically all of the time of the engineer was taken up with construction projects of the P.W.A. program. After considerable delay in clearing up technicalities, contracts were let and work started early in 1934 and has progressed steadily since then. There were fifty-three projects in the list and with the exception of five all were contracted for and the work started. During the year there were 128 separate contracts advertised and awarded with a total value of \$4,780,968.55.

There is a large amount of detail connected with the work owing to the regulations of the Emergency Public Works Commission and Federal Emergency Administration of Public Works. All of the work is carried out under their approval and any changes of any nature first had the approval of those boards. To carry out these requirements at least one Clerk of the Works was assigned to each institution. His duties are to act as the representative of the architect and the Commonwealth in the carrying out of the contracts, also as the borrower or State representative in all dealings between the resident-engineer inspector (representing the Federal Government), and the contractor. In all, twenty-one clerks of the works are employed on the various projects. Four projects were completed within the year namely: the Carpenter Shop at Boston State Hospital, the Electric Distribution Cables at the Metropolitan State Hospital, the Vegetable Storage Building at the Westborough State Hospital, and the Sewer Beds at the Monson State Hospital. The remainder of the projects should be completed during 1935.

There was but one contract awarded that was not in the P.W.A. program. This was the construction of the roof on the Power House at the Wrentham State School. The contract was financed entirely with state funds and was carried out in a very satisfactory and expeditious manner.

A complete list of projects is given in the financial table No. 7.

REPORT OF THE ASSISTANT ENGINEER

Many repair items were completed during the past year at the institutions comprising this Department. The institutions' requests for repairs were carefully investigated and the list of items forwarded for the consideration of the Budget Commissioner contained the most important repair projects.

New kitchen equipment and cafeteria ventilating apparatus were installed at the Boston Psychopathic Hospital. Extensive roof repairs were completed at the Boston State Hospital. At the Middleton Colony of the Danvers State Hospital, the work of repairing and fireproofing exterior walls of the colony buildings was begun using cement asbestos siding. A start was also made on the replacement of the wooden top of the coal trestle with a permanent reinforced concrete slab. A new magnetic milking unit was also installed at this hospital. The windows on the rear corridors of the Foxborough State Hospital, were equipped with weatherstrips and the fire protection program was continued. A tunnel was constructed to the Monadnock Cottage of the Gardner State Colony, making possible the heating of

this cottage and Watatic Cottage from the Central Plant. Particular attention was paid to fire protection at this institution and many emergency exits were provided, together with a sprinkler system for the barn at the Belcher Colony.

Fire protection items were given consideration at all the hospitals and schools: the largest installation of automatic extinguishers being in the Girls' Industrial Building at the Belchertown State School. New gas operated kitchen equipment was installed at the Northampton State Hospital and cottages No. 14 and No. 16 were remodelled for Officers' residences. New pasteurizers were installed in the dairies of the Northampton State Hospital and the Wrentham State School and new dairy equipment was installed at the Taunton State Hospital and the dairy room completely renovated.

New bakery equipment was installed at the Worcester State Hospital and the Wrentham State School. At the Monson State Hospital the heating of the Well Pumping Station and Water Treatment Building, by means of electricity, was discontinued and an automatic oil heating plant installed, the operation of which has resulted in excellent economy. Worn out kitchen equipment was replaced at the Medfield State Hospital, Worcester State Hospital and at the Walter E. Fernald State School. Work on the enlargement of the Vegetable Storage Building at the Wrentham State School was started. Serving room equipment was installed in the "A" Building of the Wrentham State School and the Canning Building was enlarged and put into service.

The plans and specifications for PWA projects, for the "Three Officers' Cottages" at the Boston State Hospital and a "Tunnel" between the Assembly Building and the Main Group at the Westborough State Hospital, were prepared and the projects supervised from this office. The survey of the housing conditions at the institutions was continued and small scale drawings made of the patients' quarters in the institutions. Many charts and graphs have been prepared for the statistical branch of the department.

Several items of dry goods have been standardized for use by the institutions under the control of this department and considerable time has been spent in liaison between this Department and the State Purchasing Bureau.

Forty-seven (47) visits were made during the year to the institutions in connection with maintenance and special appropriation projects.

REPORT OF THE FARM SUPERVISOR

During the year 1934, 103 visits were made to institution farms, or an average of approximately 7 visits to each institution. Analysis of the year's business on the 15 farms shows a total net profit of \$207,538.42 or a decrease of \$94,416.67 from the figures of 1933. The farm produce has been figured on the same commodity prices for 1934 as in 1932 and 1933 while the commodity prices of the materials which we have to purchase have greatly increased.

The value of the farm production for the year 1934 is \$856,726.18 or an increase of \$102.71 over the production for the year 1933 and an increase of \$7,435.64 over the production for the year 1932. (See tables 10 and 11). This achievement in increasing production we feel is very creditable because of climatic conditions that prevailed throughout the year 1934. The sudden changes from extreme cold to extreme heat and from extreme drought to heavy rainfalls had a tendency to take a heavy toll on production.

The ratings of the different farms have been relayed to the institutions each month as in past years.

The average number of cows for the year 1934 was 768.35 with an average milk production of 13,273.51 pounds. This is a decrease of 23.58 cows and a decrease in milk production of 230.87 pounds of milk per cow from the figures of 1933. This decrease in cows is partly due to the disposing of more cows that have reacted to the Bangs' abortion agglutination test and the decrease in production naturally follows. This factor, with the additional fact that the summer season of 1934 was unfavorable for milk production, have resulted in giving us a lower average milk production per cow, the first decrease that we have had in 17 years. However, with the splendid physical condition of the herds at the present time, there is every evidence that this decrease will be wiped out and that considerable increase will be shown in 1935.

The production of pork amounted to 828,241 pounds.

The average egg production per hen amounted to 197 eggs or practically the same amount as last year.

Under conservation of food stuffs, we wish particularly to mention the amount of vegetables and fruit sent to the canning departments, amounting to 1,833,733.50 pounds, or an increase of 398,288.50 pounds more than the amount conserved in the year 1933. It was felt advisable not to hold any meeting of instructions for canning because of the great progress shown in the past two years.

At the annual meeting of superintendents, stewards and head farmers held at the State House on March 12, 1934, the different committees that had been working with this office made their reports, and among other things, recommended the following:

The Committee on Poultry recommended that poultry products be increased to the point where each institution will produce its total requirements of eggs. The Committee felt that the great progress that has been made and the lower cost of production which would be made possible by the increase, justified their stand. It is interesting to note that some of the poultry plants are already following the Committee's recommendation.

The Seed Committee made an exhaustive study of conditions and their report was heartily endorsed.

The Swine Committee made a very forceful report and their recommendations of preparing more hams and bacon, thus eventually increasing the production of home grown pork, are being carried out.

There has been a large amount of land reclaimed this year as in other years.

We are also glad to report that the condition of livestock is probably in better shape than ever before in the history of institutional farming.

Again we wish to report the steady increase in production of milk per cow in the pen barn at the Worcester State Hospital.

The Farm Supervisor wishes to call your attention at this time to the following recommendations that have been made in other reports.

1. More facilities for storage of vegetables should be provided at some of the institution farms.
2. All vegetable storages should be equipped with humidifiers.

Respectfully submitted,

WARREN A. MERRILL,

Business Agent.

FINANCIAL STATISTICS FOR THE YEAR ENDING NOVEMBER 30, 1934

TABLE 1. *Total Expenditures of Department and Institutions*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance, and Operation (Net) ¹	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
Department of Mental Diseases	\$197,586.10	\$59,080.10	—	\$256,666.20
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	145,364.32	63,552.87	—	208,917.19
Boston State Hospital	425,819.13	346,358.36	528,985.84	1,301,163.33
Danvers State Hospital	317,318.95	335,753.31	39,196.93	692,269.19
Foxborough State Hospital	199,984.20	175,239.92	128,436.84	503,660.96
Gardner State Colony	208,910.56	189,789.17	55,748.29	454,448.02
Grafton State Hospital	262,938.74	198,880.06	5,065.66	466,884.46
Medfield State Hospital	296,890.76	218,542.97	1,244.53	516,678.26
Metropolitan State Hospital	152,344.20	192,208.18	129,011.22	473,563.60
Northampton State Hospital	245,298.57	237,185.10	248,327.55	730,811.22
Taunton State Hospital	269,353.30	201,213.63	13,072.75	483,639.68
Westborough State Hospital	271,178.57	214,876.76	183,541.53	669,596.86
Worcester State Hospital	388,669.46	347,487.89	112,840.96	848,998.31
Monson State Hospital (epileptic)	257,185.54	191,911.73	172,538.63	621,635.90
Total Hospitals	\$3,441,256.30	\$2,912,999.95	\$1,618,010.73	\$7,972,266.98
<i>Schools for Mental Defectives:</i>				
Belchertown State School	\$200,663.73	\$196,511.81	\$32,582.80	\$429,758.34
Walter E. Fernald State School	295,566.16	247,761.67	73,243.78	616,571.61
Wrentham State School	236,219.32	241,626.85	39,323.03	517,169.20
Total Schools	\$732,449.21	\$685,900.33	\$145,149.61	\$1,563,499.15
Grand Total	\$4,371,291.61	\$3,657,980.38	\$1,763,160.34	\$9,792,432.33

¹Less Sales.TABLE 2. *Departmental Receipts and Expenditures*
Expenditures

	APPROPRIATIONS			Expenditures (net)	Balance
	Appropriation 1934	Brought Forward From 1933 Appropriation	Total Available		
Personal Services	\$131,004.00	—	\$131,004.00	\$125,349.69	\$5,654.31
Expenses	24,300.00	\$373.72	24,673.72	20,996.26	3,677.46
Transportation	13,000.00	—	13,000.00	12,333.07	666.93
Persons Boarded in Family Care	—	—	—	—	—
Persons Boarded in Hospital Cottages	15,600.00	—	15,600.00	15,093.53	506.47
Investigation of Mental Diseases and Defects	81,830.00	3,419.95	85,249.95	82,893.65	2,356.30
Total	\$265,734.00	\$3,793.67	\$269,527.67	\$256,666.20	\$12,861.47

Receipts

Payable to State Treasurer:

Licenses:

Private Hospitals \$975.00

Reimbursement for Services:

Transportation 15.00

Sales:

Forms and Bulletins 57.87

Miscellaneous:

Plans drawn by Department 20.00

Examination of Soldier 5.00

Other Receipts:

Refund on account of Previous Years 12.87

Total \$1,085.74

TABLE 3. *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institution*
(For detail of Net Expenses and Net Per Capita Cost see Table 4.)

INSTITUTIONS	Amount Appropriated in 1934	Balance from 1933	Total Appropriation	Gross Expenses	Receipts ¹	Net Expenses	Daily Average Number of Patients	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$212,930.00	\$2,674.70	\$215,604.70	\$209,170.55	\$253.36	\$208,917.19	73.20	\$54.735
Boston State Hospital	813,585.00	15,425.41	829,010.41	774,609.28	2,431.79	772,177.49	2,260.42	6.551
Danvers State Hospital	605,250.00	13,253.83	618,503.83	654,492.34	1,420.08	653,072.26	2,180.00	5.7455
Foxborough State Hospital	383,945.00	6,510.10	390,455.10	376,638.02	1,413.90	375,224.12	1,144.33	6.288
Gardner State Colony	427,809.00	2,449.41	430,258.41	401,739.30	3,039.57	398,699.73	1,418.17	5.405
Granton State Hospital	482,436.00	5,842.71	488,278.71	463,453.16	1,034.36	461,818.80	1,432.28	6.183
Medfield State Hospital	555,412.00	4,203.56	559,615.56	532,237.81	16,804.08	515,433.73	1,775.00	5.569
Metropolitan State Hospital	374,013.00	11,130.65	385,143.65	359,423.82	14,871.44	344,552.38	1,256.90	5.257
Northampton State Hospital	491,096.00	16,570.76	507,666.76	482,930.83	447.16	482,483.67	1,808.08	5.117
Taunton State Hospital	483,015.00	8,400.16	491,415.16	471,376.56	809.63	470,566.93	1,555.17	5.80
Westborough State Hospital	500,605.00	2,514.36	503,119.37	488,573.65	2,518.32	486,055.33	1,533.18	6.079
Worcester State Hospital	750,430.00	22,939.20	773,369.20	738,574.80	2,417.45	736,157.35	2,299.89	6.138
Monson State Hospital (epileptic)	466,850.00	9,898.59	476,748.59	450,762.24	1,664.97	449,097.27	1,431.60	6.016
Total	\$6,607,376.00	\$121,813.45	\$6,729,189.45	\$6,403,982.36	\$49,726.11	\$6,354,256.25	20,168.22	\$6.04
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$396,505.00	\$6,096.62	\$402,601.62	\$398,089.56	\$914.02	\$397,175.54	1,259.47	\$6.047
Walter E. Fernald State School	538,445.00	11,482.05	569,927.05	545,088.76	1,760.93	543,327.83	1,807.73	5.87
Wrentham State School	483,295.00	13,511.78	496,806.78	478,867.38	1,021.21	477,846.17	1,763.96	5.195
Total	\$1,438,245.00	\$31,090.45	\$1,469,335.45	\$1,422,045.70	\$3,696.16	\$1,418,349.54	4,831.16	\$5.63
Grand Total	\$8,045,621.00	\$152,903.90	\$8,198,524.90	\$7,826,028.06	\$53,422.27	\$7,772,605.79	24,999.38	\$5.96

¹Receipts from Sales only.

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses—By Institution*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$145,364.32	\$38.08	\$1,142.85	\$.30	\$4,529.72	\$1.19	\$22,880.79	\$5.99
Boston State Hospital	425,535.13	3.61	1,919.74	.02	6,407.94	.05	153,645.57	1.30
Danvers State Hospital	317,082.95	2.79	1,911.17	.02	7,360.91	.06	97,892.75	.86
Foxborough State Hospital	199,848.20	3.35	1,365.32	.02	5,868.65	.10	57,934.63	.98
Gardner State Colony	208,757.56	2.82	1,324.30	.02	3,880.43	.05	47,874.20	.65
Grafton State Hospital	262,749.74	3.52	1,360.80	.02	4,489.37	.06	54,948.75	.74
Medford State Hospital	296,643.76	3.21	1,916.99	.02	5,773.38	.06	80,362.73	.87
Metropolitan State Hospital	152,237.20	2.32	1,494.62	.02	3,339.49	.05	91,666.87	1.38
Northampton State Hospital	245,125.57	2.60	1,290.47	.01	5,742.45	.06	85,452.14	.91
Taunton State Hospital	269,172.30	3.32	2,009.86	.02	5,767.43	.07	71,591.47	.88
Westborough State Hospital	270,984.57	3.39	1,350.19	.02	6,056.58	.08	75,892.42	.95
Worcester State Hospital	388,408.46	3.24	2,433.97	.02	9,243.36	.08	123,287.97	1.03
Monson State Hospital (epileptic)	256,988.54	3.44	1,417.12	.02	4,410.83	.06	57,823.86	.77
Total	\$3,438,898.30	\$3.27	\$20,937.40	\$.02	\$72,870.54	\$.07	\$1,021,254.15	\$.97
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$200,518.73	\$3.05	\$1,424.10	\$.02	\$5,585.91	\$.09	\$55,641.40	\$.85
Walter E. Fernald State School	295,343.16	3.13	2,489.46	.03	6,188.28	.07	75,837.98	.80
Wrentham State School	236,048.32	2.57	1,620.65	.02	5,851.61	.06	77,951.82	.85
Total	\$731,910.21	\$2.91	\$5,534.21	\$.02	\$17,625.80	\$.07	\$209,431.20	\$.83
Grand Total	\$4,170,808.51	\$3.20	\$26,471.61	\$.02	\$90,496.34	\$.07	\$1,230,685.35	\$.94

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Continued*

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT AND OTHER PLANT OPERATION	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$1,120.70	\$.29	\$3,585.83	\$.94	\$14,061.17	\$3.68	\$12,073.81	\$3.16
Boston State Hospital	20,680.25	.18	29,600.53	.25	17,588.63	.15	78,620.35	.67
Danvers State Hospital	23,313.74	.21	31,767.05	.28	12,258.70	.11	103,491.92	.91
Foxborough State Hospital	11,737.54	.20	17,610.25	.30	8,673.34	.14	35,835.17	.60
Gardner State Colony	10,218.04	.14	18,291.27	.25	28,636.25	.39	33,317.77	.45
Grafton State Hospital	13,863.71	.19	19,818.29	.27	10,244.74	.14	47,713.57	.64
Medfield State Hospital	18,541.81	.20	16,115.40	.17	10,407.07	.11	41,266.46	.45
Metropolitan State Hospital	12,706.23	.19	8,798.45	.13	8,569.10	.13	48,662.12	.74
Northampton State Hospital	8,668.88	.09	25,803.07	.27	8,354.68	.09	49,226.25	.52
Taunton State Hospital	7,941.73	.10	21,669.33	.27	8,744.52	.11	39,402.04	.49
Westborough State Hospital	14,899.33	.19	22,014.77	.28	10,878.01	.14	40,619.44	.51
Worcester State Hospital	15,428.09	.12	31,084.58	.26	33,771.96	.28	81,999.53	.68
Monson State Hospital (epileptic)	10,934.20	.15	19,786.27	.27	7,799.97	.10	50,946.40	.68
Total	\$170,054.25	\$.16	\$265,945.09	\$.25	\$179,988.14	\$.17	\$663,174.83	\$.63
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$17,291.01	\$.26	\$19,179.71	\$.29	\$7,058.34	\$.11	\$41,295.95	\$.63
Walter E. Fernald State School	14,145.08	.15	18,588.36	.20	8,154.17	.09	70,364.09	.75
Wrentham State School	22,815.75	.25	22,423.45	.24	8,582.20	.09	43,809.94	.48
Total	\$54,251.84	\$.22	\$60,191.52	\$.24	\$23,794.71	\$.09	\$155,469.98	\$.62
Grand Total	\$224,306.09	\$.17	\$326,136.61	\$.25	\$203,782.85	\$.16	\$818,644.81	\$.63

TABLE 4. Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Concluded

INSTITUTIONS	FARM		GARAGE AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	—	—	\$327.43	\$.09	\$2,909.70	\$.76	\$920.87	\$.24
Danvers State Hospital	\$4,456.93	\$.04	11,502.27	.10	12,815.88	.11	9,118.27	.08
Foxborough State Hospital	26,707.55	.23	6,433.24	.06	18,556.43	.16	6,059.85	.05
Gardner State Hospital	17,717.11	.30	4,477.23	.08	8,097.81	.14	5,922.87	.10
Grafton State Colony	25,827.15	.35	4,136.84	.06	11,766.21	.16	4,517.21	.06
Gratton State Hospital	27,417.68	.37	5,507.61	.07	9,992.59	.13	3,522.95	.05
Metfield State Hospital	23,409.11	.25	2,985.18	.03	13,990.15	.15	3,774.69	.04
Metropolitan State Hospital	3,953.09	.06	5,471.30	.08	6,396.27	.10	1,150.64	.02
Northampton State Hospital	21,226.06	.23	5,128.66	.05	12,421.35	.13	13,871.09	.15
Taunton State Hospital	22,128.67	.27	4,050.94	.05	11,966.20	.15	5,941.44	.07
Westborough State Hospital	20,461.22	.25	5,914.45	.07	12,119.28	.15	4,671.07	.06
Worcester State Hospital	25,102.65	.21	6,347.64	.05	16,046.55	.13	2,721.39	.02
Monson State Hospital (epileptic)	18,589.49	.25	5,417.40	.07	9,152.83	.12	5,623.23	.08
Total	\$236,996.71	\$.23	\$67,700.19	\$.06	\$146,231.25	\$.14	\$67,815.57	\$.06
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$28,506.93	\$.43	\$6,534.81	\$.10	\$9,004.03	\$.14	\$4,989.62	\$.08
Walter E. Fernald State School	27,964.67	.30	5,576.21	.06	10,793.29	.11	7,660.08	.08
Wrentham State School	32,136.20	.35	6,426.77	.07	11,355.20	.12	8,653.26	.09
Total	\$88,607.80	\$.35	\$18,537.79	\$.07	\$31,152.52	\$.12	\$21,302.96	\$.08
Grand Total	\$325,604.51	\$.25	\$86,237.98	\$.07	\$177,383.77	\$.14	\$89,118.53	\$.07

TABLE 5. *Analysis of Pay Rolls — By Institution*

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Service Ward	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	\$8.42	\$9.78	\$.47	\$19.42	\$38.09
Boston State Hospital . . . . .	.34	1.75	.11	1.41	3.61
Danvers State Hospital . . . . .	.22	1.28	.06	1.23	2.79
Foxborough State Hospital . . . . .	.35	1.29	.10	1.62	3.35
Gardner State Colony . . . . .	.28	1.24	.11	1.19	2.82
Grafton State Hospital . . . . .	.30	1.27	.08	1.87	3.52
Medfield State Hospital . . . . .	.25	1.39	.09	1.48	3.21
Metropolitan State Hospital . . . . .	.25	.87	.04	1.17	2.32
Northampton State Hospital . . . . .	.23	1.15	.04	1.18	2.60
Taunton State Hospital . . . . .	.31	1.41	.07	1.53	3.33
Westborough State Hospital . . . . .	.32	1.32	.08	1.69	3.40
Worcester State Hospital . . . . .	.28	1.48	.08	1.40	3.23
Monson State Hospital (epileptic) . . . . .	.32	1.55	.06	1.51	3.44
Averages	\$.32	\$1.39	\$.08	\$1.49	\$3.27
<i>Schools for Mental Defectives:</i>					
Belchertown State School	\$.28	\$1.14	\$.23	\$1.40	\$3.05
Walter E. Fernald State School . . . . .	.27	1.36	.30	1.20	3.13
Wrentham State School . . . . .	.20	1.14	.22	1.00	2.56
Averages	\$.25	\$1.23	\$.25	\$1.18	\$2.91
Grand Averages	\$.30	\$1.36	\$.11	\$1.44	\$3.21

TABLE 6. *Rotation in Service of Persons Employed in Institutions*

INSTITUTIONS	PERSONS				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	2.02	2.60	1.20	1.50	1.94
Boston State Hospital	1.69	2.15	1.40	1.62	1.93
Danvers State Hospital	1.60	1.91	1.36	1.70	1.81
Foxborough State Hospital	1.63	2.31	1.36	1.65	1.97
Gardner State Colony	1.71	1.72	1.45	1.59	1.66
Grafton State Hospital	1.69	1.95	1.42	1.50	1.71
Medfield State Hospital	1.69	1.94	1.22	1.76	1.84
Metropolitan State Hospital	1.44	1.64	1.77	1.77	1.69
Northampton State Hospital	1.52	2.00	1.47	1.47	1.77
Taunton State Hospital	1.75	2.18	1.15	1.49	1.88
Westborough State Hospital	1.26	2.25	1.20	1.60	1.90
Worcester State Hospital	1.48	2.13	1.59	1.62	1.90
Monson State Hospital (epileptic)	1.51	1.90	1.23	1.48	1.71
Average	1.64	2.04	1.38	1.60	1.83
<i>Schools for Mental Defectives:</i>					
Belchertown State School	1.17	2.02	1.62	1.42	1.74
Walter E. Fernald State School	1.43	1.81	1.61	1.45	1.67
Wrentham State School	1.41	2.11	1.66	1.36	1.84
Average	1.35	1.91	1.63	1.41	1.74
Total Average	1.60	2.03	1.49	1.57	1.82

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1934	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
HOSPITALS FOR MENTAL DISEASES								
<i>Boston Psychopathic Hospital</i>								
<i>Boston State Hospital</i>								
Reception Building	—	—	—	—	—	—	—	—
Carpenter Shop, M-1	268	1931	\$400,000.00	—	\$393,118.42	\$6,237.68	\$399,356.10	\$643.90
Power Plant, M-2	NIRA & 365	1933	—	—	—	14,690.07	14,690.07	3,309.93
Tuberculosis Pavilion, M-3	NIRA & 365	1933	—	422,000.00	—	321,790.20	321,790.20	100,209.80
Male Employees' Building, M-4	NIRA & 365	1933	—	173,000.00	—	169,568.27	3,431.73	169,568.27
Furnishing and Equipment for Bldg., M-4A, M-5A	NIRA & 365	1933	—	334,000.00	—	257,084.88	76,915.12	76,915.12
Employees' and Officers' Building, M-5	NIRA & 365	1933	—	42,000.00	—	5.22	41,994.78	41,994.78
Three Officers' Cottages, M-6	NIRA & 365	1933	—	177,000.00	—	136,004.92	40,995.08	40,995.08
Laboratory and Mortuary Building, M-29	NIRA & 365	1933	—	45,000.00	—	33,691.55	11,308.45	11,308.45
<i>Danvers State Hospital</i>								
Renovation of Rear Center	115	1930	200,000.00	—	—	51,774.23	51,774.23	3,225.77
	245	1931	122,000.00	—	—	—	—	—
Hydrotherapy Building, M-7	170	1932	15,000.00	—	336,549.35	—	336,549.35	450.65
Sprinklers Rewiring, M-42	NIRA & 365	1933	—	119,000.00	—	121,514.25	121,514.25	2,514.25*
<i>Forborough State Hospital</i>								
Furnishings for Farm Dormitory	170	1932	10,000.00	—	9,678.62	299.17	9,977.79	22.21
Boiler Settings	174	1933	3,000.00	—	2,977.76	—	2,977.76	22.24
Verandas — Female Ward Building	115	1930	—	—	—	—	—	—
	170 1	1932	35,000.00	—	34,455.13	—	34,455.13	544.87
Laundry Building, M-8	NIRA & 365	1933	—	102,000.00	—	80,976.79	80,976.79	21,023.21
Tuberculosis Pavilion, Day Spaces and Verandas, M-9 and 30	NIRA & 365	1933	—	225,000.00	—	206,603.30	206,603.30	18,396.70
Assembly Building and Tunnel, M-31	NIRA & 365	1933	—	129,000.00	—	123,741.64	5,258.36	5,258.36
Power House, M-32	NIRA & 365	1933	—	108,000.00	—	37,161.05	37,161.05	70,838.95
<i>Gardner State Colony</i>								
New Heating Plant and Equipment	269	1931	150,000.00	—	149,580.63	—	149,580.63	419.37
Storehouse and Cold Storage, M-10	NIRA & 365	1933	—	—	—	117,610.66	117,610.66	18,389.34
Shop Building, M-43	NIRA & 365	1933	—	47,750.00	—	31.13	31.13	47,718.87
<i>Grafton State Hospital</i>								
Boiler Plant Alterations, M-11	NIRA & 365	1933	—	132,000.00	—	70,156.68	70,156.68	61,843.32
Sprinkler System, M-44	NIRA & 365	1933	—	48,000.00	—	1.53	1.53	47,998.47
<i>Medfield State Hospital</i>								
Power Plant Changes, M-12	NIRA & 365	1933	—	220,000.00	—	32,939.06	32,939.06	187,060.94

*Balance Reappropriated.
 *Deficit

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings - Concluded

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1934	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
Additional Water Supply	127	1928	8,000.00					
	146	1929						
	386*	1929	40,000.00					
	245	1931						
	460*	1931	50,000.00					
Changing Water Supply Piping <i>Metropolitan State Hospital</i>	307	1932	24,000.00		121,955.11	—	121,955.11	44.89
	384	1934	—	6,000.00	—	—	—	6,000.00
	138	1927	1,500,000.00					
	127	1928	1,500,000.00					
	146	1929	1,125,000.00					
Electric Distribution Cables, M-13 Wings — Medical and Surgical bldg., M-33 Laboratory and Mortuary Building, M-34 <i>Northampton State Hospital</i>	115	1930	740,000.00					
	268	1931	100,000.00					
	371	1933	28,000.00		4,956,155.67		4,973,251.14	19,748.86
	NIRA & 365	1933	—	12,000.00	—	9,767.73	9,767.73	2,232.27
	NIRA & 365	1933	—	642,000.00	—	527,065.49	527,065.49	114,934.51
Furnishings Male Attendants' Home Male Nurses' Home Additional Land Power Plant, M-14 Ward Building, M-15 Dining and Service Building, M-16 Storehouse, M-45 Laundry Building, M-53 <i>Taunton State Hospital</i>	NIRA & 365	1933	—	58,000.00	—	56,836.08	56,836.08	1,163.92
	1170	1932	13,500.00		12,918.49		13,324.04	175.96
	268	1931	150,000.00		148,874.28		149,855.97	144.03
	115	1930						
	170*	1932	75,000.00		52,411.34		52,564.98	22,435.02
Superintendent's House Sprinklers, M-46 Hospital Building, Infirmary, etc., M-47 <i>Westborough State Hospital</i>	NIRA & 365	1933	—	360,000.00	—	153.64	343,888.68	16,111.32
	NIRA & 365	1933	—	242,000.00	—	192,699.11	192,699.11	49,300.89
	NIRA & 365	1933	—	1,006,000.00	—	77,947.86	77,947.86	28,052.14
	NIRA & 365	1933	—	81,000.00	—	57.31	57.31	80,943.69
	NIRA & 365	1933	—	94,000.00	—	5,885.26	5,885.26	88,114.74
Electric Refrigeration Units Furnishings, Farm Dormitory Laundry Building, M-18 Equipment, Laundry Building, M-18A, equipment for Rear Center, M-19A Development of Rear Center, M-19 Nurses' Home, M-35 Tunnel to Assembly Building, M-36 Shop Building, M-37	115	1930	21,000.00		18,864.22		20,965.82	34.18
	170*	1932		21,000.00	—	14,611.96	14,611.96	6,388.04
	NIRA & 365	1933	—	951,000.00	—	308.99	308.99	950,691.01
	174	1933	9,000.00		8,957.23		8,957.23	42.77
	NIRA & 365	1933	8,000.00		7,828.86		7,828.86	171.14
Electric Refrigeration Units Furnishings, Farm Dormitory Laundry Building, M-18 Equipment, Laundry Building, M-18A, equipment for Rear Center, M-19A Development of Rear Center, M-19 Nurses' Home, M-35 Tunnel to Assembly Building, M-36 Shop Building, M-37	NIRA & 365	1933	—	62,000.00	—	60,332.60	60,332.60	1,667.40
	NIRA & 365	1933	—	47,000.00	—	115.67	115.67	46,884.33
	NIRA & 365	1933	—	258,000.00	—	248,822.02	248,822.02	9,177.98
	NIRA & 365	1933	—	257,000.00	—	256,151.35	256,151.35	848.65
	NIRA & 365	1933	—	6,000.00	—	4,104.21	4,104.21	1,895.79
Tunnel to Assembly Building, M-36 Shop Building, M-37	NIRA & 365	1933	—	29,000.00	—	28,433.39	28,433.39	566.61

TABLE 8. Receipts from Paying Patients — By Institutions

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
<i>Hospitals for Mental Diseases:</i>			
Boston Psychopathic Hospital	312	\$7,055.89	\$22.62
Boston State Hospital	249	82,205.87	330.14
Danvers State Hospital	325	103,976.65	319.93
Foxborough State Hospital	133	45,394.65	341.31
Gardner State Colony	73	24,778.51	339.43
Grafton State Hospital	54	21,943.46	406.36
Medfield State Hospital	99	44,990.29	454.44
Metropolitan State Hospital	115	29,866.56	259.71
Northampton State Hospital	291	93,291.84	320.59
Taunton State Hospital	152	57,576.26	378.79
Westborough State Hospital	308	114,682.77	372.35
Worcester State Hospital	186	69,198.57	372.03
Monson State Hospital (epileptic)	64	19,633.87	306.78
Total	2,361	\$714,595.19	\$302.67
<i>Schools for Mental Defectives:</i>			
Belchertown State School	37	\$5,436.90	\$146.94
Walter E. Fernald State School	95	22,237.31	234.08
Wrentham State School	65	11,440.94	176.01
Total	197	\$39,115.15	\$198.55
Family Care	—	—	—
State Farm*.	9	\$5,365.50	\$596.17
State Infirmary*.	12	2,364.38	197.03
Hospital Cottages for Children*.	1	—	—
Total	23	\$7,729.88	\$336.08
Grand Total	2,581	\$761,440.22	\$295.02

*The State Farm which is under the Department of Correction, and the State Infirmary which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects under the Statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table 4.

TABLE 9. Trust Funds — By Institutions
(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand December 1, 1933	Received during Year	Payments	On Hand November 30, 1934
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Colony	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$407.17	\$19.71	—	\$426.88
Metropolitan State Hospital	—	—	—	—
Northampton State Hospital	1,271.61	144.32	\$244.88	1,171.05
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,942.18	137.40	238.29	4,841.29
Worcester State Hospital	4,443.89	107.25	142.56	4,408.58
Monson State Hospital (epileptic)	—	—	—	—
Total	\$11,064.85	\$408.68	\$625.73	\$10,847.80
<i>Schools for Mental Defectives:</i>				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$87,841.41	\$3,536.75	\$507.54	\$90,870.62
Wrentham State School	1,756.85	137.15	91.37	1,802.63
Total	\$89,598.26	\$3,673.90	\$598.91	\$92,673.25
Grand Total	\$100,663.11	\$4,082.58	\$1,224.64	\$103,521.05

TABLE 10. Value of Farm and Garden Products per Acre under Cultivation — By Institution

INSTITUTIONS		Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage	Value of Ensilage	Value of Ensilage per Acre
<i>Hospitals for Mental Diseases:</i>										
Boston Psychopathic Hospital	.	.	.	—	—	—	—	—	—	—
Boston State Hospital	.	34.75	\$5,883.97	\$169.32	53.20	\$846.00	\$15.90	—	—	—
Danvers State Hospital	.	97.00	14,906.16	153.67	115.50	5,560.30	48.14	—	—	\$89.98
Foxborough State Hospital	.	54.75	10,219.03	186.64	8.00	77.94	9.74	38.00	\$3,419.45	—
Gardner State Colony	.	72.00	17,597.27	244.40	187.25	2,303.50	12.30	25.00	2,616.00	104.64
Grafton State Hospital	.	88.50	16,647.93	188.11	29.61	1,836.15	62.01	29.88	2,449.13	81.96
Medfield State Hospital	.	75.00	14,474.95	192.99	82.00	3,585.09	43.71	33.00	3,208.57	97.22
Metropolitan State Hospital	.	48.00	9,350.77	194.80	3.00	90.00	30.00	—	—	—
Northampton State Hospital	.	43.00	10,682.83	248.43	104.00	5,707.68	54.88	30.00	2,844.67	94.82
Taunton State Hospital	.	61.00	11,757.07	192.71	60.00	1,629.67	27.16	28.00	2,494.48	89.08
Westborough State Hospital	.	60.00	13,976.98	232.94	92.00	5,719.90	62.17	45.00	4,290.30	95.34
Worcester State Hospital	.	99.00	21,199.46	214.13	20.00	1,471.50	73.57	25.00	1,543.50	61.74
Monson State Hospital (epileptic)	.	50.12	7,514.64	149.93	42.12	936.90	22.24	15.00	1,448.04	96.53
Total	.	783.12	\$154,211.06	\$196.90	796.68	\$29,764.63	\$37.36	268.88	\$24,314.14	\$90.42
<i>Schools for Mental Defectives:</i>										
Belchertown State School	.	61.00	\$11,623.20	\$190.54	—	—	—	25.00	\$2,450.00	\$98.00
Walter E. Fernald State School	.	116.00	36,500.60	314.66	90.00	\$2,967.98	\$32.97	5.00	700.00	140.00
Wrentham State School	.	80.50	17,131.28	212.81	48.00	1,755.07	36.56	23.00	2,642.50	114.89
Total	.	257.50	\$65,255.08	\$253.41	138.00	\$4,723.05	\$34.22	53.00	\$5,792.50	\$109.29
Grand Total	.	1,040.62	\$219,466.14	\$210.89	934.68	\$34,487.68	\$36.89	321.88	\$30,106.64	\$93.53

TABLE 11. *Value of Farm Products — By Institutions*

INSTITUTIONS	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
<i>Hospitals for Mental Diseases:</i>										
Boston Psychopathic Hospital	—	—	—	—	—	—	—	\$4,090.00	—	\$10,999.97
Boston State Hospital	\$5,883.97	—	—	\$1,026.00	—	—	—	6,510.24	—	74,888.57
Danvers State Hospital	12,161.53	\$1,996.09	\$436.57	9,775.30	\$33,953.21	\$5,648.30	\$2,840.49	4,772.40	\$1,566.64	39,091.88
Foxborough State Hospital	8,298.43	1,920.60	268.79	336.81	18,690.30	3,018.79	1,604.77	4,098.96	1,800.99	71,797.66
Gardner State Colony	13,728.48	3,430.44	191.08	7,283.17	34,857.44	3,977.17	2,634.14	7,038.72	1,596.78	72,495.94
Grafton State Hospital	13,103.20	2,429.94	2,287.34	5,862.03	34,437.46	4,184.19	2,303.26	4,441.20	849.80	67,677.16
Medfield State Hospital	12,551.87	1,923.08	1,023.46	6,885.34	35,631.18	2,514.92	1,561.62	—	1,144.49	9,459.89
Metropolitan State Hospital	9,350.77	—	19.12	90.00	—	—	—	7,645.80	—	65,725.44
Northampton State Hospital	10,266.80	416.03	1,607.07	8,552.35	30,083.95	4,261.57	1,927.35	6,613.14	964.52	55,505.62
Taunton State Hospital	9,492.34	1,569.75	548.36	5,348.18	22,624.24	5,852.20	2,347.91	6,077.10	1,109.50	64,710.23
Westborough State Hospital	12,293.54	1,683.44	1,957.32	10,283.85	31,011.20	—	—	4,102.83	1,247.13	69,848.14
Worcester State Hospital	18,714.11	1,807.80	202.52	4,530.15	39,243.60	—	—	1,762.12	1,377.89	42,333.88
Monson State Hospital (epileptic)	5,433.28	2,081.36	649.47	2,420.69	28,609.07	—	—	—	—	—
Total	\$131,278.32	\$19,258.53	\$9,191.10	\$62,394.07	\$309,141.65	\$29,457.14	\$15,219.54	\$57,152.51	\$11,441.52	\$644,534.38
<i>Schools for Mental Defectives:</i>										
Belchertown State School	\$9,633.77	\$1,617.43	\$1,146.38	\$2,822.00	\$27,356.09	\$6,461.62	\$3,218.08	\$2,841.14	\$528.38	\$55,624.89
Walter E. Fernald State School	31,254.75	5,122.55	4,586.53	4,266.28	36,269.71	—	—	2,513.24	1,467.52	85,480.58
Wrentham State School	14,220.22	2,694.01	430.74	5,026.40	35,272.48	4,837.90	2,744.84	3,978.40	1,881.54	71,086.33
Total	\$55,108.74	\$9,433.99	\$6,163.65	\$12,114.68	\$98,898.28	\$11,299.52	\$5,962.92	\$9,332.78	\$3,877.24	\$212,191.80
Grand Total	\$186,387.06	\$28,692.52	\$15,354.75	\$74,508.75	\$408,039.93	\$40,756.66	\$21,182.46	\$66,485.29	\$15,318.76	\$856,726.18

REPORT OF THE PATHOLOGIST

To the Commissioner of the Department of Mental Diseases:

The following is the twenty-sixth report of the Pathologist and the twenty-fifth to cover a full year's work.

GENERAL

Judging from the papers published from the Department of Mental Diseases Hospitals this year, research in Mental Disease shows a trend towards physiology. The pathological field, however, has not been neglected as can be seen from the high percentage of autopsies performed in the State Hospital service. The writer has been occupied, as is customary, in the investigation of the sudden deaths and in performing autopsies in those institutions without a pathologist.

Psychopathic. The location of the autopsy room has been changed during the year. The facilities of the new site are adequate. During the past year 19 deaths occurred of which 14 or 74 per cent came to autopsy. The members of the staff evince keen interest in the autopsy findings and their correlation with the signs before death.

Boston State. A new morgue which is nearing completion in this hospital will add to the comfort of the pathological service. This hospital had the largest number of autopsies (158) of any of the State Hospitals during the year.

Danvers. Dr. Charles C. Joyce carries on the duties of Roentgenologist as well as that of Pathologist. He also directs the laboratory. Many interesting cases have come to autopsy in this hospital, two of which have been reported. (Paget's disease — 1934.21 and Fluoride poisoning — 1934.112).

Foxborough. Dr. David Rothschild continues his interest in Neuropathology and Neurology. The results of his study of five cases of Alzheimer's disease has been published in the American Journal of Psychiatry, November 1934.

Gardner. This hospital is fully equipped with the necessities for pathological study. There is no resident pathologist, but the interest of the staff members is such that a considerable autopsy rate is kept up by them.

Grafton. There is no resident pathologist, autopsy room or cooling system in this hospital. This makes pathological study difficult. Nevertheless, the scientific curiosity of the physicians is such that the autopsy rate compares favorably with that of the other hospitals.

Medfield. Dr. Vicente A. Navarro continues as pathologist to this hospital. The morgue and its equipment are very satisfactory and every assistance is given to the Department Pathologist in the investigations of the sudden deaths.

Metropolitan. A laboratory building of impressive proportions is nearing completion at this hospital. In the meantime the pathological studies are carried out as effectively as possible in temporary quarters. The autopsies are well attended by the members of the staff.

Monson. Dr. Paul I. Yakovlev continues as pathologist to this hospital. Many very interesting brain lesions have come to autopsy during the year.

Northampton. The facilities of pathological study in this hospital are very convenient but the lack of a resident pathologist hampers the work considerably. The staff members perform most of the routine autopsies themselves but histological examinations are of necessity curtailed. The cooperation of the staff in such postmortem examinations as are performed by the Department Pathologist is very pleasing.

Taunton. A paper by Dr. H. W. Williams and Dr. D. G. Henderson on the "Restoration of Autopsied Bodies. A Better Method" was published during the year. The method advocated and used by them allows for very convenient embalming. The high autopsy rate (56%) demonstrates the activity of the pathological service in this hospital.

Westborough. Dr. Lydia B. Pierce carries on the work of the X-ray department, the treatment clinic for syphilis, performs the autopsies and directs the clinical laboratory work. Every courtesy is given to the Department Pathologist on her visits to this institution.

Worcester. Dr. William Freeman has published several papers during the past year. The usual high autopsy rate is kept up at this hospital and the interest of the clinical staff is demonstrated by their constant attendance at the autopsies.

Belchertown. This institution has a low death rate, but of the 16 that died within the year six or 37% came to autopsy, a satisfactory percentage. The autopsy equipment is adequate but the lack of a cooling chamber is felt.

Fernald School. The staff members of the Fernald School maintain their interest in the pathology demonstrated at autopsy on the mentally deficient children. The equipment is very satisfactory as is the assistance given to the Department Pathologist.

Wrentham. This institution has developed a keen interest in the pathological findings which show up at autopsy of the inmates. There is no resident pathologist but the location of the school makes it easy for the Department Pathologist to attend. A new morgue and cooling system has been installed and adds greatly to the ease of performance of the autopsies.

ROUTINE OF THE PATHOLOGICAL SERVICE
Autopsies

Since the establishment of the Pathological Service July 1, 1914 to November 30, 1934, 3,048 autopsies have been performed. The protocols containing complete objective descriptions have been typed and bound up to, and including, December 18, 1933.

During the year ending November 30, 1934, 149 autopsies have been performed; more than half of these (78) were done in those hospitals where there is no resident pathologist or where the hospital pathologist was temporarily absent. The remaining 71 cases were autopsied to ascertain the cause of death in patients who died suddenly.

Boston State Hospital	26	Belchertown State School	6
Danvers State Hospital	15	Gardner State Colony	6
Grafton State Hospital	15	Medfield State Hospital	6
Worcester State Hospital	14	Foxborough State Hospital	5
Wrentham State School	13	Metropolitan State Hospital	5
Boston Psychopathic Hospital	11	Walter E. Fernald State School	4
Taunton State Hospital	8	Monson State Hospital	4
Northampton State Hospital	8	Westborough State Hospital	3
Total		149	

Besides these 149 autopsies, 75 other calls were made to investigate sudden deaths. Occasionally a notification was forgotten or in those cases where time did not allow reaching the hospital, the investigation was conducted by proxy.

Proportion of Autopsies to Deaths in Institutions

	<i>Deaths</i>	<i>Autopsies</i>	<i>Per Cent</i>
Hospital Cottages for Children	5	4	80
Boston Psychopathic Hospital	19	14	74
Worcester State Hospital	269	157	58
Taunton State Hospital	209	117	56
Metropolitan State Hospital	9	5	55
Boston State Hospital	339	158	47
Medfield State Hospital	109	41	38
Belchertown State School	16	6	37
Grafton State Hospital	57	21	37
Monson State Hospital	90	31	34
Gardner State Colony	64	20	31
Northampton State Hospital	174	64	31
Wrentham State School	46	14	30
State Infirmary, Mental Wards	24	7	29
Foxborough State Hospital	130	31	24
Walter E. Fernald State School	18	4	22
Veterans' Hospital — Bedford	24	5	21
Danvers State Hospital	265	52	20
Veterans' Hospital — Northampton	22	3	14
Westborough State Hospital	157	15	9
Totals	2,046	769	37

Total number of deaths in State Hospitals in Massachusetts in 1934, fiscal year	2,046
Total number of autopsies performed (37%)	769
(a) By laboratories independent of Department	620
(b) Department	149

Sudden Deaths

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1934:

Sudden deaths reported to Department	225
Number autopsied	91
Number autopsied by service	71

Analysis of the Autopsied Sudden Death Cases in 1934

Acute infection	27	Foreign body in larynx	3
Fractures	14	Progressive muscular dystrophy	2
Arteriosclerosis	13	Gangrene	2
Organic heart disease	11	Nephritis	2
Neurosyphilis	9	Pulmonary tuberculosis	2
Intracranial hemorrhage	6	Aneurysm	1
Cerebral oedema	6	Persistent thymus	1
Epilepsy	4	Strangulated hernia	1
Alcoholism	4	Malignant tumor	1
Suicide	4	Accidental poisoning	1
Pulmonary embolism	3		

The sudden deaths in the State Hospitals in twenty-one years are herewith presented (either autopsied or non-autopsied): —

Year	Deaths	Year	Deaths	Year	Deaths	Year	Deaths
1914	69	1920	84	1925	129	1930	170
1915	85	1921	87	1926	136	1931	175
1916	74	1922	89	1927	126	1932	215
1917	83	1923	122	1928	177	1933	232
1918	117	1924	121	1929	148	1934	225
1919	77						

a total of 2,741 of which there have been 1,206 autopsied or 44%.

Analysis of Autopsies of Sudden Death Cases

Two hundred and twenty-five cases in which death occurred suddenly were reported to the Department in 1934, a slight decrease over the number (232) for 1933. The exogenous causes total 25 in actual or complicating factors (fractures 2, associated with fractures 12, alcoholism 4, suicide 4, foreign body in larynx 3).

The number of cases due to acute infection heads the list, as is usually the case. The majority of these were terminal infections, e.g., bronchopneumonia, and were associated with some other factor in the causation of death. Arteriosclerosis comes next in rank order and as 58% were over 50 years of age, this finding is not unusual. Neurosyphilis as a cause of sudden death is perhaps higher than one would expect (over 12%).

Suicides in State Hospitals

Year	Suicides	Year	Suicides	Year	Suicides	Year	Suicides
1914	9	1920	13	1925	15	1930	13
1915	6	1921	12	1926	14	1931	26
1916	9	1922	10	1927	19	1932	23
1917	12	1923	14	1928	19	1933	13
1918	18	1924	10	1929	13	1934	15
1919	13						

Analysis of Suicides Autopsied and Non-Autopsied

Fifteen suicidal deaths occurred during the year ending November 30, 1934. This figure includes those who made the attempt before admission and died in the hospitals, those occurring while on leave from the hospitals and those that

took place in the hospitals. There is a preponderance of males in the group — 11 of them to four females. The youngest was in a male 28 years and the oldest was that of a 78 year old woman. In seven, death was caused by asphyxia from suspension, three died from cut throats, three from poisoning, one by drowning and one by ignition of clothing. Four of these patients were undiagnosed mentally, four were suffering from dementia praecox, three had psychoses due to cerebral arteriosclerosis, one was a manic depressive — depressed patient, one psychosis with psychopathic personality, one psychosis with somatic diseases and one melancholia.

Casualties

The casualties for 1934, while somewhat higher than last year, are still under the peak year of 1932. The increase in fractures (Table B) is particularly marked, exceeding the 1933 total by 62. One wonders whether this is due to the more general use of X-ray for diagnosis. This increase is more apparent in the Receiving Institutions, to which the acute cases are admitted, than in those hospitals which are used chiefly for transfers.

Casualties in State Hospitals

<i>Year</i>	<i>Casualties</i>	<i>Year</i>	<i>Casualties</i>	<i>Year</i>	<i>Casualties</i>	<i>Year</i>	<i>Casualties</i>
1914 .	.346	1920 .	.240	1925 .	.275	1930 .	.557
1915 .	.320	1921 .	.257	1926 .	.351	1931 .	.537
1916 .	.304	1922 .	.258	1927 .	.314	1932 .	.688
1917 .	.237	1923 .	.292	1928 .	.387	1933 .	.667
1918 .	.221	1924 .	.297	1929 .	.503	1934 .	.679
1919 .	.208						

INVESTIGATIONS

The study of Subdural Hemorrhage which was begun last year by the Department Pathologist in collaboration with Dr. Blanche Brine Daly of Cambridge and Dr. Merrill Moore has progressed to a satisfactory extent, although much material still remains to be examined in reference to this subject. The incidence among the total number of autopsied mental patients was 7.9 per cent — of these cases of subdural hemorrhages 60 per cent occurred in males and 40 per cent in females. The age distribution showed that this condition occurred in every decade between one to 90 years. In the males the greatest number of cases was found in the decade between 50 and 60 years. In females the largest number occurred between 60 and 70 years. In correlating its occurrence with the associated psychoses, we noticed that it was much more common in those mental states associated with organic brain disease, e.g., in psychosis with other brain and nervous disease it was present in 16 per cent of the cases, although it was found to occur in as many as 6 per of dementia praecox patients. This condition figured low in the actual cause of death. It was more usual to find it as associated pathology. We feel that it may possibly be a factor in the causation of the psychosis rather than a result. Our next effort is an attempt to correlate the duration of the psychosis with the duration of the hemorrhage.

A short abstract of our findings to date will be presented before the Boston Society of Neurology and Psychiatry on February 21, 1935, and will also be given at the American Psychiatric meeting in Washington in May, 1935.

A large group of spinal cord sections were examined microscopically by Dr. Myrtelle M. Canavan in her study of the changes occurring in mental disease.

Photographic records of the more interesting brains found at autopsy, both before and after sectioning, have been taken and are filed with the autopsy protocols as a permanent record. Out of the 149 autopsies performed this year, malignant tumors were present in 10, most of these were carcinomata. One of the carcinoma cases, 1934.111, Walter E. Fernald State School, was found in a Mongolian Imbecile who had reached the age of 42 years — an unusually ripe age for a mongolian imbecile to live to. Two cases (brothers) 1934.70 and 1934.31, Wrentham State School, suffering from progressive muscular dystrophy, came to autopsy among the sudden deaths. Both showed a generalized overgrowth of lymphoid tissue and enlarged thymus. I have not found this described in any of the cases of muscular dystrophy in the literature I have studied. Another case of interest (1934.74) found at Wrentham, had a congenital heart with only three chambers — the inter-

auricular septum was entirely missing. At Belchertown State School, the rare condition of calcified subdural hemorrhage was found at autopsy 1932.72. A case (1934.107) of Tay Sach's disease "Amaurotic Family Idiocy" also came to autopsy at Belchertown State School, and the brain of this case is being studied in detail.

Dr. J. Godwin Greenfield, neuropathologist, of London, England, visited the laboratory while on visit to this country and showed interest in the work on hand.

The following table shows the routine work of the investigative staff of the Department:

Visits to institutions	224
Autopsies in cases of sudden deaths	91
Severe injuries in institutions	597
Less severe injuries	272
Total injuries	869
Publications by state officers	76

TABLE A. — *Casualties arranged by Institutions*

	Males	Females	Patients	Accidents	Injuries
Danvers Hospital	22	45	67	67 ²	100
Walter E. Fernald State School	55	14	69	71 ³	91
Worcester Hospital	32	26	58	58 ⁷	79
Northampton Hospital	19	27	46	49 ⁴	66
Westborough Hospital	19	26	45	46 ^{1, 6}	58
Monson Hospital	22	15	37	38 ¹	55
Wrentham State School	31	12	43	45 ³	55
Foxborough Hospital	19	24	43	45 ³	54
Veterans' Hospital, Bedford	35	—	35	41 ⁵	51
Boston Hospital	9	28	37	37	44
Metropolitan Hospital	23	8	31	33 ²	43
Medfield Hospital	16	17	33	33	39
Taunton Hospital	9	16	25	25	29
Gardner Colony	10	11	21	23 ³	25
Grafton Hospital	6	11	17	18 ^{1, 6}	23
Veterans' Hospital, Northampton	18	—	18	19 ¹	20
Belchertown State School	5	4	9	9	10
Boston Psychopathic Hospital	5	1	6	6	8
McLean Hospital	3	4	7	7	7
State Infirmary, Mental Wards	2	4	6	6	6
Bridgewater State Farm	2	—	2	2	4
Channing Sanitarium	1	—	1	1	2
Totals	363	293	656	679	869

¹Two accidents to one patient.

²Three accidents to one patient.

³Two accidents to two patients.

⁴Two accidents to three patients.

⁵Two accidents to six patients.

⁶Accident prior to admission.

⁷Four accidents prior to admission.

⁸Seven accidents prior to admission.

TABLE B. — *Casualties arranged by Institutions and Severity of Injury*

INSTITUTIONS	Fractures	Dislo- cations	Gun- shot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries
<i>Receiving Institutions</i>						
Boston Psychopathic Hospital	2	—	—	—	2	6
Boston State Hospital	33	5	—	1	39	5
Danvers Hospital	84	3	—	7	94	6
Northampton Hospital	34	3	—	2	39	27
Taunton Hospital	24	1	—	1	26	3
Westborough Hospital	52	2	—	—	54	4
Worcester Hospital	59	2	—	8	69	10
<i>Institutions chiefly for Transfers</i>						
Grafton Hospital	16	2	—	—	18	5
Medfield Hospital	23	3	—	3	29	10
Gardner Colony	19	3	—	1	23	2
Foxborough Hospital	29	1	—	4	34	20
State Infirmary, Mental Wards	6	—	—	—	6	—
Metropolitan Hospital	21	1	—	—	22	21
<i>Institutions for the Feeble-Minded</i>						
Walter E. Fernald School	29	2	—	5	36	55
Wrentham School	11	4	—	1	16	39
Belchertown School	8	2	—	—	10	—
<i>Special Public Institutions</i>						
Monson Hospital	39	1	—	2	42	13
Bridgewater State Farm	4	—	—	—	4	—
Veterans' Hospital — Bedford	18	—	—	2	20	31
Veterans' Hospital — Northampton	5	—	—	1	6	14
<i>Special Private Institutions</i>						
McLean Hospital	7	—	—	—	7	—
Channing Sanitarium	1	—	—	—	1	1
	524	35	—	38	597	272

PUBLICATIONS

- BARTON, W. E. and FREEMAN, WILLIAM — Pericardial Hemorrhage Complicating Scurvy. *N. E. Jour. Med.* 210: 529, March, 1934.
- BECK, S. J. — The Rorschach Method and Personality Organization. *Balance in Personality. Am. Jour. Psychiat.*, 1933, 13, 519-532.
- BECK, S. J. and LEVY, D. M. — The Rorschach Test in Manic-Depressive Psychosis. *Am. Jour. of Orthopsychiatry*, 1934, 4, 31-42.
- BECK, S. J. — The Rorschach Method and Personality Organization. III. The Psychological and the Social Personality. *Am. Jour. of Orthopsychiatry*, 1934, 4, 290-297.
- BOWMAN, K. M. — A Study of the Pre-Psychotic Personality in Certain Psychoses. *Proceedings, Association for Research in Nervous and Mental Diseases*, December, 1933, XIV.
- BRYAN, W. A. and SLEEPER, F. H. — Mental Hospitals may profitably take up educational programs. *Hospital Management* 37: 24, April, 1934.
- CAMPBELL, C. M. — Personality and the Psychoses. *Proceedings, Association for Research in Nervous and Mental Disease*, December 1933, XIV.
- CAMPBELL, C. M. — The Field of Clinical Psychiatry. Address given at the Annual Meeting of the New York Society for Clinical Psychiatry, Jan. 11, 1934.
- CAMPBELL, C. M. — Clinical Psychiatry. Reprinted from *The Problem of Mental Disorder*. New York, McGraw-Hill Book Company, Inc., 1934.
- CAMPBELL, C. M. — Human Personality and the Environment. New York, Macmillan Company, 1934.
- CAMPBELL, C. M. — Psychiatry from the Standpoint of the General Practitioner. Address given at the Annual Meeting of the Medical Section of the Pennsylvania State Medical Society, Oct. 4, 1934.
- CARMICHAEL, H. T. and LINDER, F. E. — The Relation between Oral and Rectal Temperatures in Normal and Schizophrenic Subjects. *Am. Jour. Med. Sci.* 188: 69 July 1934.
- CROCKETT, HELEN — Boarding homes as a tool in social case work with mental patients. *Mental Hygiene* 18: 189 April 1934.
- DAYTON, N. A. — Influence of Size of Family upon the Characteristics of the Mentally Deficient: Survey of 20,473 Retarded Children in the Public Schools of Massachusetts. *Am. Jour. Psychiatry*, 91:799-832, January, 1935.
- DAYTON, N. A. — A New Statistical System for the Study of Mental Diseases, and Some of the Attained Results. To be published in the *Kline Memorial Bulletin*.
- DAYTON, N. A. — Operation of the Fernald Traveling School Clinics and Research Possibilities in the Accumulated Examinations. To be published in the *Kline Memorial Bulletin*.
- DEMBO, T. and HANFMAN, E. — The value of an orientation letter for newly admitted patients. *Psychiatric Quarterly* 8:713, October, 1934.
- EPSTEIN, S. H. — A Diagnosis and Treatment File for Neurosyphilis Clinics. *Am. Jour. Syph. and Neurol.*, October, 1934.
- EPSTEIN, S. H. — Hyperpyrexia at the Boston Psychopathic Hospital. *New England Jour. Med.*, 1934 (in press).
- EPSTEIN, S. H. and McHUGH, T. — Technical Management in Therapeutic Hyperpyrexia Induced by Diathermy and Electric Blanket. *New England Jour. Med.* 1934 (in press).
- EPSTEIN, S. H. and VON STORCH, T. J. C. — An Improved Apparatus for Encephalography Adaptable to Ventriculography. *Am. Jour. Roentgen.*, 1934 (in press.)
- EPSTEIN, S. H. — The Hinton Test in Neurosyphilis. *New England Jour. Med.* 1934 (in press).
- ERICKSON, MILTON H. — The Concomitance of Organic and Psychologic Changes during Marked Improvement in Schizophrenia. A Case Analysis. *Am. Jour. Psychiat.* 13: 1349 May, 1934.
- FREEMAN, H. — The Sedimentation Rate of the Blood in Schizophrenia. *Arch. Neurol and Psychiat.* 30: 1928 December, 1933.
- FREEMAN, H., LINDER, F. E., and HOSKINS, R. G. — Endocrinology 17: 677, Nov.-Dec. 1933.

- FREEMAN, H. — Arm-to-Carotid Circulation Time in Normal and Schizophrenic Individuals. *Psychiatry Quarterly* 8: 290, April, 1934.
- FREEMAN, H. — The Effect of Dinitrophenol on Circulation Time. *Jour. Pharm. and Exper. Ther.* 51: 477 August, 1934.
- FREEMAN, H. and HOSKINS, R. G. — Comparative sensitiveness of schizophrenic and normal subjects to glycerine extract of adrenal cortex. *Endocrinology* 18: 576 October, 1934.
- FREEMAN, WILLIAM — The Pathologists Duty towards Obtaining Permission for Autopsy. *Am. Jour. Clin. Path.* 3: 211 May, 1934.
- FREEMAN, WILLIAM, LOONEY, JOSEPH M. and SMALL, ROSE — Phytotoxic Index. I. Results of Studies with 68 Male Schizophrenic Patients. *Arch. Neurol. and Psychiat.* 32: 554 September, 1934.
- FREEMAN, WILLIAM and LOONEY, J. M. — Studies on the Phytotoxic Index II. Menstrual Toxin ("menotoxin"). *Jour. Pharm. and Exper. Ther.* 52: 178 October, 1934.
- GOTTLIEB, JULIUS and FREEMAN, WILLIAM — The Effect of a 1% Solution of Silver Nitrate on the Growth of Gonorrhoeal Organisms in Vitro. *Jour. Maine Med. Assoc.* 25: 28 February, 1934.
- GREENE, R. A. — "President's Address, before the Annual Meeting of the American Association on Mental Deficiency." In New York, on May 28, 1934. *Proceedings of the American Association on Mental Deficiency for 1934.*
- GREENE, R. A. — "Quelques Aspects Du Problème De L'Enseignement Public Considère Du Point De Vue Du Psychiatre." *L'Union Médicale du Canada*, Tome LXIII, No. 8, August 1934.
- GREENE, R. A. — "Juvenile Delinquencies in Relation to Juvenile Psychoses." Report of the Congress of French Speaking Physicians of Europe and North America, in Quebec, August, 1934.
- HARTWELL, S. W. — Case Studies. *Understanding the Child* 4: 22 January, 1934.
- HARTWELL, S. W. — Case Studies. *Understanding the Child* 4: 25 April, 1934.
- HARTWELL, S. W. — Case Studies. *Understanding the Child* 4: 17 October, 1934.
- HOSKINS, R. G. — The Manganese Treatment of "Schizophrenic Disorders." *Jour. Nerv. and Ment. Dis.* 79: 59 January 1934.
- HOSKINS, R. G. and JELLINEK, E. M. — The Schizophrenic Personality with Special Regard to Psychologic and Organic Concomitants. *Proceedings of the Association for Research in Nervous and Mental Disease*, December, 1933.
- HOSKINS, R. G. — The Problem of Mental Disorder. Chapter XI. *Endocrinology*. McGraw, Hill Publisher. Editors: Madison Bently and E. V. Cowdry.
- HOSKINS, R. G. — The Problem of Mental Disorder. Chapter XV. *Psychological Avenues of Approach to Schizophrenia*. Publisher: McGraw, Hill.
- HUSTON, P. E. — Sensory Threshold to Direct Current Stimulation in Schizophrenic and Normal Subjects. *Arch. Neurol. and Psychiat.* 31: 590, March, 1934.
- HUSTON, P. E., SHAKOW, D., and ERICKSON, M. H. — A Study of Hypnotically Induced Complexes by Means of the Luria Technic. *Jour. Gen. Psych.* 11: 65, July, 1934.
- JONES, E. S. — The Differentiation of Chronic Phthisis and Pulmonary Syphilis. *Medical Bulletin*, Vol. 10, April, 1934. Published at Washington, D. C.
- KARLSBERG, I. J. — The Effect of Intercurrent Pulmonary Tuberculosis on the Convulsion Threshold in Epilepsy. *Am. Jour. of Psychiat.*, Vol. XIII, No. 4, January, 1934.
- KENT, GRACE H. — Written Tests for the Clinic. *Jour. of Genetic Psychology at Worcester*, Vol. XLIV, No. 1, March, 1934.
- KENT, GRACE H. — Modification of the Kohs Block Design Test. *Jour. of Applied Psychology at Athens, Ohio.*, Vol. 18, No. 5, August, 1934.
- KILLAM, MARY W. — State Hospital Social Work in Massachusetts. *Bulletin of Mass. Dept. of Mental Diseases*, Vol. XVII, Nos. 3 and 4, October 1933.
- KOPP, ISRAEL — Metabolic Rates in Therapeutic Hyperpyrexia. *Am. Jour. Med. Sc.*, 1934 (in press).
- KOPP, ISRAEL — Metabolic Rates in Diathermy Hyperpyrexia. *Am. Jour. Med. Sc.*, 1934 (in press).

- KRINSKY, CHARLES M. — Treatment of varicose ulcer by gentian violet. *N. E. Jour. Med.* 211: 803, November, 1934.
- LINTON, J. M., HAMELINK, M. H. and HOSKINS, R. G. — Cardiovascular System in Schizophrenia studied by the Schneider Method. *Arch. Neurol. and Psychiat.*, 32: 712, October, 1934.
- LOONEY, J. M. and CHILDS, HAZEL — A Comparison of the Methods for Collection of Blood to be used in the Determination of Cases. *Jour. Biol. Chem.* 104: 53 January, 1934.
- LOONEY, J. M., HOSKINS, M. D. — The Effect of Dinitrophenol on the Metabolism as seen in Schizophrenic Patients. *N. E. Med. Jour.* 210: 1206, June 7, 1934.
- LOONEY, J. M. and CHILDS, HAZEL M. — The Lactic Acid Glutathione Content of the Blood of Schizophrenic Patients. *Jour. Clin. Inves.* 13: 963, November 1934.
- LOONEY, J. M. and STRATTON, F. C. — Preparation and Use of Colloidal Carbon Solutions. *Jour. Lab. and Clin. Med.* 19: 996, June, 1934.
- MERRITT, H. H. and MOORE, M. — Acute Syphilitic Meningitis. *Medicine*, 1934 (in press).
- MOORE, M. and SOLOMON, H. C. — Contributions of Haslam, Bayle, and Esmarch and Jensen to the History of Neurosyphilis. *Arch. Neurol. and Psychiat.* October, 1934.
- MOXNESS, B. A. — Carlisle, Pennsylvania Medical Officers' Reserve Camps 1934. *The Military Surgeon*, Vol. 75, No. 2, August, 1934 — Published at Washington, D. C.
- MOXNESS, B. A. — The Development of Military Medicine as a Specialty. *The Messenger of Theta Kappa Psi*. Vol. 31, No. 4, November, 1934. Published at Philadelphia, Penna.
- RAYNES, GRACE D. — The Ones who have to Stay. *The Survey*, February, 1934.
- ROTHSCHILD, D. — Alzheimer's Disease: A Clinico-Pathologic Study of Five Cases. *Am. Jour. of Psychiatry*, Vol. 91, No. 3, pp. 485-519, November, 1934.
- SCHIZOPHRENIA. Statistical Studies from the Boston Psychopathic Hospital 1925-1934. (Collected Reprints.)
- SCHUBE, P. G., and WHITEHEAD, R. C. — A Note on a 'Proteose-like' Substance in Spinal Fluid. *Am. Jour. of Psychiatry*, Vol. 13, No. 5, March, 1934.
- SCHUBE, P. G. — A Study of the Total Protein of the Cerebrospinal Fluid in Uncomplicated and Untreated Neurosyphilis. *Am. Jour. of Psychiatry*, Vol. 13, No. 5, March, 1934.
- SCHUBE, P. G. — The Use of Autogenous Urinary "Proteose" in an Allergic Condition. *N. E. Jour. of Medicine*, Vol. 210, No. 13, March 29, 1934.
- SCHUBE, P. G. — The Physical Dynamics of Encephalography. *Jour. of Nerv. and Ment. Dis.*, Vol. 80, No. 3, September, 1934.
- SCHUBE, P. G. and LEDREW, FREDERICK — The Prevention of Reactions due to Lumbar Spinal Puncture. *N. E. Jour. of Medicine*, Vol. 211, No. 12, Sept. 20, 1934.
- SCHUBE, P. G. and GRANT, L. F. — The Effect of Alpha Dinitrophenol (1-2-4) on Blood Cholesterol in Man. *Jour. of Lab. and Clin. Medicine*, Vol. 20, October, 1934.
- SCHUBE, P. G. — Emotional States of General Paresis. *Am. Jour. of Psychiatry*. Vol. 91, No. 3, November, 1934.
- SEARLE, W. F. — Musical Experiments with Patients and Employees at the Worcester State Hospital. *Occupational Therapy and Rehabilitation*, 12: 341, December, 1933.
- SOLOMON, H. C. and EPSTEIN, S. H. — The Results of Treatment with Malaria in Association with Other Forms of Therapy in a Series of 173 Cases of General Paresis. *Arch. Neurol. and Psychiatry*, 1934 (in press).
- SOLOMON, H. C. and EPSTEIN, S. H. — The Results of Treatment with Tryparsamide in a Series of 81 Cases of General Paresis. *Arch. Neurol. and Psychiatry*, 1934 (in press).
- STEIN, CALVERT — Studies in Endocrine Therapy in Epilepsy. *Am. Jour. of Psychiatry*, Vol. XIII, No. 4, January, 1934.
- THOMPSON, C. E. — Family Care of the Insane. *Am. Jour. of Psychiatry*, Vol. 91, No. 2, pp. 337-347.

WILLIAMS, H. W. and HENDERSON, D. G. — Restoration of Autopsied Bodies. A Better Method. *N. E. Jour. of Medicine*, Vol. 211, No. 8, p. 371, August 23, 1934.

YORSHIS, MORRIS AND GOTTLIEB, J. S. — The Genetic Relationship of Blood Groups to Schizophrenia. *Am. Jour. of Psychiatry*, 13: 1285, May 1934.

YORSHIS, MORRIS — The Mechanisms of Recovery in a Patient with Paranoia. Case Report. *Arch. Neurol. and Psychiatry*, 32: 1099, November 1934.

Respectfully submitted,

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Assistant Pathologist.

REPORT OF THE DIVISION OF SOCIAL SERVICE

To the Commissioner of the Department of Mental Diseases:

The year closes with the Social Service Division in fairly good condition. There have been no serious interruptions in the service; comparatively few resignations have taken place and there have been no long-standing vacancies.

The general functions of the Division are practically unchanged although two State Hospital Social Service Departments have introduced a comparatively new activity in attempting to aid certain patients to make satisfactory adjustments to the Institution where community placements were inadvisable or impossible. The Social Workers at the Monson and Grafton State Hospitals are making this activity a new feature of their Departments and are confident that such social work is valuable to the patient as well as to the Hospital. The same underlying principles used in community adjustment work are employed in this service.

Reference was made in a previous report to the desirability of extending or developing the Family Care work as a potential means of increasing the number of out-going patients. It is believed that the development of this work is of economic and social value to patient, hospital and community. Through the Social Service a larger number of patients could be returned to homes of relatives or friends if financial aid could be provided by the State. This aid might well be regulated by surrounding circumstances and might often be but a temporary measure to meet emergency situations. The dangers of establishing such a precedent are fully recognized, but expert investigation and close supervision of cases would greatly reduce the dangers attendant upon this form of public financial assistance. It is believed that such a development of the Family Care system might easily increase the number of out-going patients, particularly those who are now unable to live in the community solely because of inadequate finances.

The location and selection of suitable homes for Family Care patients and of recreation and wage homes for some of our mentally deficient patients, often constitute a real problem in community placement. Some hospitals have an excess number of desirable homes while others have a dearth of homes. It has long been felt by Social Workers that some means should be provided whereby suitable homes might be available to our Institutions throughout the State. Considerable attention and thought have been given to this subject by this Division and steps are being taken to establish a Central Registration Bureau for the Community Placement Work. Briefly stated the plan is as follows: Social Workers may register all homes that are used by the various Institutions in the placement of patients in the community whether these are Family Care patients, special-boarded patients or girls from our State Schools. To this list may be added the names of all applicants for patients to board or for State School girls. Unused or discontinued homes — wage and recreation homes will be registered with others at the central Social Service Office.

These homes will be classified and will be available for all the Social Workers connected with the Department and Institutions. It is hoped and expected that this Central Bureau for the Registration of Placement Homes will act as a clearing house for this service and that it will very materially add to the efficiency of this important function of the Social Service.

During the past two years there has been a slight change in the Social Service Conference Work because of the State's policy to economize wherever it is advisable to do so. One all-day General Conference was held in April 1934. The morning session was in charge of Dr. Charles A. Kimberly and Miss Esther Cook

of the Boston Psychopathic Hospital. A case was presented for the purpose of showing the nature and technic of "team work" attempted by the Psychiatrist and the Social Worker. Considerable discussion centered about "relationships" between Psychiatrist and Social Worker and the relationship of both to the patient. The forenoon meeting was considered to be very helpful and worth while in that many vague conceptions of "team work" technics and relationships were clarified.

The afternoon session was equally profitable and enjoyable. Dr. Douglas A. Thom gave a most illuminating lecture on Psychiatry — past and present with a brief glimpse into the future.

Occasional conferences have been held with the Social Workers connected with State Schools and Division of Mental Hygiene. Regular weekly meetings are held with the Social Workers of the Division of Mental Deficiency principally for discussion of active supervision cases. It is the consensus of opinion of the Social Service group that, up to the present time, nothing has developed to take the place of the small group conference work which is much appreciated by the entire Social Service Personnel. These meetings promote and stimulate group thinking and action and enable the Social Workers to work toward higher goals.

Because of the great diversity of subjects chosen by Social Workers for lectures to State Hospital nurses it was felt that a policy should be formulated whereby the lecture work would be of more practical value to our nurses. With the assistance of the Head Social Workers an outline for Social Service lectures to nurses was presented to Social Workers who are lecturing to nurses in our Institutions. Two conference sessions were devoted to the outlining and planning of a central Registration Bureau for the Placement Service. Reference has already been made to this new development which is believed to be but the beginning of more effective community placement work for those Institution patients who are able to live outside the Hospital under specially arranged conditions.

One conference session was devoted to the discussion of ethical problems involved in the placement of recovered patients in the community during a time of serious unemployment and financial stress. The consensus of opinion was to the effect that recovered patients should not be forced to remain in a mental hospital solely because of an economic depression. Mrs. Elizabeth Maloney of the Department of Public Welfare, Division of Mothers' Aid and Relief, gave a very helpful talk on the work of that Division which seemed to clear up some of the difficulties encountered in Psychiatric Social Work in which certain economic problems are involved.

Other conference sessions were devoted to more technical matters connected with the Social Service such as the construction of social records — technics in social case work, etc.

Publications relative to the activities of the Social Service Division have been more or less conspicuous by their absence. At various times some of our Social Workers have written articles for publication or have made contributions to medical or psychiatric research material but up to the present time very few Social Service articles have been prepared as Department publications. Early in the year the Department very generously allowed the Social Service to have one issue of the Department Bulletin as a Social Service number.

The following is a list of contributions that have been accepted for publication: — Effectiveness in State Hospital Social Service.

Florence E. Armstrong, Head Social Worker, Boston State Hospital.
The Application of Social Service in the State Hospital.

Clarence A. Bonner, Superintendent, Danvers State Hospital.
The Therapy of Parental Attitudes.

Helen M. Crockett, Head Social Worker, Worcester State Hospital.
Present Developments in State Hospital Social Service in New York.

Hester B. Crutcher, Supervisor of Social Work, Department Mental Hygiene, Albany, New York.

Social Service in Retrospect and Outlook.

Hannah Curtis, Director of Social Work, Division of Mental Deficiency.

Practical Problems in Social Work in Public Schools.

Rena Dewey, Social Worker, Boston Psychopathic Hospital.

Community Supervision of Non-Institutional Cases of the Mentally Deficient.

Madeline B. Dyar, Social Worker, Division Mental Deficiency.

The State Hospital and the Juvenile Court.

Nina Eldridge, Head Social Worker, Medfield State Hospital.

A Study of Male Patients under Supervision of the Social Service Department of the W. E. Fernald State School.

Grace I. Finn-Brown and Doris Brown, Social Workers, W. E. Fernald St. Sch.

A Study of Adjustment of One Hundred Mentally Defective Girls Under Supervision in Wage Homes.

Hawley P. Foster, Head Social Worker, Wrentham State School.

A Study of Moron and Borderline Women under Supervision in a Controlled Environment.

Ruth A. Gegenheimer, Head Social Worker, Walter E. Fernald State School.

Ten Years of Social Work in the Habit Clinics of the Division of Mental Hygiene—From 1923 to 1933.

Ethel Hoskins, Chief of Social Service, Division of Mental Hygiene.

Must the Patient Want Help?

Helen Spurrier Howard, Social Worker, Boston Psychopathic Hospital.

The Economic Depression as a Factor in the New Admissions to the State Hospital.

Elizabeth L. Moseley, Head Social Worker, Foxborough State Hospital.

The Saturday Afternoon Club. An Experiment in Normal Group Living.

Grace D. Raynes, Head Social Worker, Grafton State Hospital.

Mental Health as Affected by Play.

Bertha C. Reynolds, Associate Director, Smith College School of Social Work.

SOCIAL SERVICE PERSONNEL

Comparatively few changes have taken place in the Social Service Personnel during the year. All the Institutions and Divisions are supplied with Social Workers varying from one to eight persons.

Personnel — Social Service Division: November 30, 1934

INSTITUTIONS AND DIVISIONS	<i>Paid Social Workers</i>	<i>Student Social Workers</i>	<i>Resigna- tions</i> ¹	<i>Number of Vacancies</i>
<i>State Hospitals:</i>				
Boston Psychopathic Hospital	6	1	2	2 ²
Boston State Hospital	5	3	—	—
Danvers State Hospital	4	1	—	—
Foxborough State Hospital	2	2	—	—
Gardner State Colony	2	—	—	—
Grafton State Hospital	1	1	—	—
Medfield State Hospital	2	2	—	—
Metropolitan State Hospital	1	—	—	—
Monson State Hospital	2	—	—	—
Northampton State Hospital	2	—	—	—
Taunton State Hospital	3	—	1	1 ²
Westborough State Hospital	2	—	—	—
Worcester State Hospital	4	8	—	—
Worcester Child Guidance Clinic	1	1	—	—
<i>State Schools:</i>				
Belchertown State School	3	—	—	—
W. E. Fernald State School	3	—	—	—
Wrentham State School	2	—	1	1
Total in Institutions	44	19	4	4
<i>Divisions:</i>				
Division of Mental Deficiency	2	—	—	—
Division of Mental Hygiene	5	—	1	—
Total in Divisions	7	—	1	—
Grand Total	51	19	5	4

¹December 1, 1933 through November 30, 1934.

²Provisional appointments pending Civil Service examination.

Student Service

In seven Hospital training centers the students were distributed as follows:

	<i>D. M. D.</i>	<i>Smith College</i>	<i>Simmons College</i>
Boston State Hospital	3	0	0
Boston Psychopathic Hospital	0	1	Part time 2
Danvers State Hospital	1	0	0
Foxborough State Hospital	2	0	0
Grafton State Hospital	1	0	0
Medfield State Hospital	2	0	0
Worcester State Hospital	0	3	5
Worcester Child Guid. Clinic	0	1	0

With the exception of the part time Simmons students the training period is of nine months duration for all students.

Comparatively few volunteers have been connected with the Division. Taunton State Hospital has two volunteers; Westborough one; Boston State Hospital two; and Mental Hygiene Division two; making a total of seven persons who have volunteered their services for irregular periods.

It is most encouraging to be able to report that no serious curtailments have as yet been made in the Social Service Division. It is believed that social service is becoming increasingly valuable to the care and treatment of patients who are in the care of our various Institutions and Divisions. In fact there are those who believe that the social treatment of a patient in a Hospital may be as valuable to his general welfare as any other kind of treatment he may receive at the Institution. Considerable credit is due to those Department and Institution officials whose broad vision in psychiatric practice makes it possible for Social Service to continue, and under more favorable conditions, to expand.

With the gradual return to more normal economic conditions it is hoped that new developments may take place in the Social Service. The Family Care and entire placement service should be extended to include convalescent community care of patients who need to make gradual adjustments to normal home living.

The extension of community supervision of certain mentally deficient persons is obviously of considerable importance. The ever-increasing number of those persons who cannot be admitted to our State Schools but who are in need of State care of some kind would appear to justify an extension of social supervision, this being the least expensive type of service that the State can render to persons needing social guidance or care.

The ever-increasing duties of Social Workers connected with Institutions are becoming very much out of proportion to the number of Social Workers who are in the service. In many instances only superficial work is possible. This is particularly true in the Mental Hygiene Clinic Work connected with State Hospitals where very little intensive social case work is possible because of the pressure of other duties.

It is believed that greater emphasis should be placed upon the supervision and after care of Hospital patients, many of whom cannot receive suitable outpatient service because of our inadequate Social Service Personnel whose duties are many and varied and becoming increasingly so.

Although it is to be regretted perhaps that more and better social service cannot be rendered under existing conditions — it may be equally true that these developments of psychiatric practice are symptoms of growth and indications of progress.

In surveying the general situation of our Social Service and comparing it with similar organizations one feels deeply appreciative of the support and cooperation of the Commissioner and the various Department and Hospital officials who continue to take an active interest in the Social Service Division.

Respectfully submitted,

HANNAH CURTIS,

Director of Social Service.

REPORT OF THE DIVISION OF MENTAL HYGIENE

To the Commissioner of the Department of Mental Diseases:—

While it has not been practicable during the year 1934 because of necessary curtailment of the budget to increase the personnel or the number of clinics operating under the direction of the Division of Mental Hygiene, the volume and quality of the work accomplished have been most gratifying.

The general outline of the Division's activities are presented as on previous years, namely, clinical, educational and research.

Clinical Activities. There have been weekly clinics conducted in the following localities: Lawrence, Lowell, Quincy, Norwood, Reading, West End, New England Hospital for Women and Children, Boston Dispensary and one semi-monthly clinic at the North Reading Sanatorium. Although it has not been possible to increase the number of clinics it has been necessary because of the increasing requests for psychiatric service in Quincy, to supplement the Medical Staff of the clinic operating there with an additional psychiatrist.

It is of interest to observe the statistics for the Boston Dispensary clinic. There it has been possible to establish a satisfactory and effective rapport with the Pediatric Staff, a relationship which has been profitable for the hospital. Psychiatry has been brought to the Pediatricists by daily conferences in regard to those cases referred to the clinic by the Medical Staff as well as the monthly general medical conferences. The interest of the Staff of the Children's Medical Service of the Dispensary has been steadily increasing as indicated by the number of referrals and cooperation in treatment.

The aim of the Clinic's program has been to treat children with problems caused by emotional handicaps (whether originating in the child or in his environment), to recognize and check the beginning of undesirable personality traits and asocial behavior, to assist in directing his intellectual potentialities in the right direction at the same time appreciating whatever limitations he may have and to construct in him wholesome attitudes and patterns of behavior that will enable him to competently meet the complexities of everyday life. To this end the Division has not only provided ten communities with clinical facilities for the study and treatment of mental deviations affecting the child, but has also provided the State with an organization that coordinates other agencies and arouses their interest in the mental health of the child through the prevention and correction of personality and behavior problems.

The psychiatric and psychological and social investigations have continued year by year and marked improvement has been noted in the therapeutic results. The number of children treated is not the real measure of success; the actual results, quality of work, and knowledge gained is a better criterion in research work. The Habit Clinics cannot undertake to study in detail all the cases referred; to do so would not only reduce the Clinic's opportunities to meet the increasing demands of new cases, but would also embarrass progress in those difficult cases where service is most needed. Therefore, in order to operate efficiently and practically as well as to maintain the quality of the work, it has been imperative to eliminate those cases which were organically, socially, and intellectually irremediable. The Clinics best serve the State by attempting to do no more than they can do well, by concentrating on cases which would profit most by their particular knowledge, and avoiding such cases which might be done equally well by other Agencies. It therefore becomes necessary to practice a reasonable amount of selection in accepting children for treatment. This process of selection is not made on any narrow basis nor is there any tendency to avoid meeting the most difficult problems.

The monthly conferences with the school groups in those communities where the clinics have functioned have been of material benefit and have tended toward a further diffusion of the Mental Hygiene point of view: that is, teaching the child something about how to live in this world about which he learns so much. The school and the clinics are concerned with the education of the child with regard to both personality and capacity. Because of the close relationship between the child's mental life and his education, the Division has always had a keen appreciation of the fact that the school was a pivotal point for furthering the mental health of the child. A teacher has a definite obligation in the education

of the child to train the whole child and not merely his intellect. Not only is she in a strategic position to aid and direct in the growth of his personality, but she is also in an excellent position to recognize the beginning development of mental problems. The Clinics have been in a position to aid many teachers in developing a new and broader concept of the aim of education. In situations where a teacher's attention was directed solely to the child's acquiring the prescribed amounts of subject matter with little or no regard for his development as a whole and where as a result of her restricted perspective, problems of maladjustment and even failure were manifest, a fuller appreciation of the meaning of education was given by the clinic with subsequent benefits to the child.

At the North Reading Sanatorium for Tubercular Children a psychological survey was made of the elementary grades in the school. This project offered two excellent opportunities. One, that of selecting from the group children who needed study but who for some reason or other had been overlooked; another was that providing a logical entree into the preventive aspect and facilitated the directing of the teacher's interest and attention in that direction. More than that, the project presented an opportunity to discover children early enough to make treatment most effective. This work of the Division at the sanatorium has attracted the attention of the National Committee for Mental Hygiene to which a report has been made.

In the matter of treatment the Division has not subscribed to any one school of thought to the exclusion of all others, but on the contrary has earnestly endeavored to understand and utilize what seemed to be a practical and efficient form of procedure to fit the needs of the particular case at hand. In the main the function of the clinic is to modify or remove stresses within the child and the stresses about him; to do this effectively the personnel must select and utilize whatever assets are available within the individual as well as within the environment. Briefly stated, then, treatment has consisted of: (1) direct treatment of the child; (2) direct treatment of the parents; (3) manipulation of the environment; and in many cases treatment has consisted of all three of these.

Educational Activities, have continued as an outstanding phase of the Division's endeavors. Lectures and formal courses of instruction have been used as the medium of educational efforts to the public. The Staff participated in University Extension Courses conducted by the Department of Education. Lectures were given to various types of social agencies such as Parent-Teachers Associations, Teachers Groups, Mothers' Clubs, Women's Clubs, Medical Groups, Colleges and Men's Clubs.

The Director of the Division with his associates has continued the researches on the well adjusted, so-called normal group of children of high school age. This work has been approached from several different angles in an effort to determine the inherent and acquired personality traits as well as the social and economic factors that tend toward normality in contrast to our previous researches which dealt with the definitely unstable and asocial groups.

A series of ten pamphlets has been prepared by the Director covering the following subjects which are pertinent to a better understanding of some of the adolescent problems with which we are confronted in our clinics. These pamphlets will be used to facilitate treatment and for educational purposes.

Inasmuch as training of personnel is one of the outstanding problems concerning the whole state hospital system, we have continued our relationship with Tufts College and the Boston Dispensary in an effort to encourage, train, and direct highly qualified medical students to look upon the state service with favor. By arrangements with Tufts College Medical School, every senior medical student is spending at least one month in the state hospital. This experiment which is now in its fourth year is beginning to bear fruit and it eventually should contribute much toward raising the medical standards in our institutions.

The educational program of the Division has influenced community thinking as well as contributed to their social welfare, especially in those communities where the clinics operate. It has made for a better appreciation of the value of prevention and increased awareness of early signs of behavior difficulties and has led to a recognition on the part of parents and others of the necessity for early guidance. The clinic accomplishes its purpose only in proportion to its ability to give parents,

schools and community agencies a greater understanding of the individual child and the best methods of directing him. Then too, the functions of the clinics are better understood by other social agencies and they in turn are ready to assume the responsibility for their cases whenever possible, becoming more discriminating in their requests for service after recognizing the clinic's essential function and the type of case best served.

Parental education during the past year has held a foremost position not only as part of the clinical activities but also as an important phase of the educational program. Treatment of parents has long been recognized as an essential part of the treatment of the child; in other words, no intensive plan of therapy is adequate without due consideration of the parent-child relationship. Increasing attention is being given to means of educating and teaching parents appreciating that the moral, social, and economic problems in their lives are directly or indirectly responsible for the problems of their children. Parent education although in no sense of the word a panacea for parental difficulties nevertheless has gone a long way toward enlightening parents toward the relationship between adult problems and those of the child. The Division has keenly sensed its responsibility in the matter of educating parents and several members of the Staff have cooperated with the Massachusetts Council of Parent Education and other similar organizations in their programs of education.

In cooperation with members of the Boston Dispensary Staff, a plan has been outlined for developing a program of parent education to be conducted at that Institution. Most of the parents at this time are harassed by economic and allied problems and obviously it is to be expected that they would give heed to only those difficulties which seem most pressing, often overlooking early symptoms of poor mental health, so frequently accepted by the harassed and overworked parent as being self-eliminating and not meriting further attention.

Massachusetts was the first state to recognize the importance of establishing under the Department of Mental Diseases a Division of Mental Hygiene which might concern itself with any phase of the problem of preventing mental disease. Besides the varied researches of a pathological, biochemical, and physiological nature, it was deemed wise to organize under the Division of Mental Hygiene a group of clinics whose function it would be to investigate and treat mental deviations found in children which not infrequently represent the beginnings of the more serious mental disorders occurring in later life. It is a matter worthy of recognition that besides the problems of mental disease with which our well organized group of research workers have been endeavoring to cope, we have the ever-present problem of juvenile delinquency which stands out as one of our most important social problems. There is considerable evidence at hand that our juvenile courts and other associated clinics are doing comparatively little to divert these young offenders from their inclinations to pursue a career of crime and there is further evidence that criminals as a group to a very large extent, are composed of emotionally unstable, rather immature, and frequently intellectually inferior individuals who have not acquired in the process of growing up habits, mental attitudes, and personality traits which have served them well during adolescent or adult years. We are beginning to recognize the fact that if these stabilizing forces are to be incorporated into the personality make-up of the individual, it must occur at an early age. Children are not likely to grow out of bad habits, the tendency is to grow into them. Mental twists and unhealthy attitudes should be just as much a matter of concern to parents and the public in general as broken bones and unhealthy organs.

It would be presumptuous to say that the solution of mental disease and delinquency will be found in its entirety and all these problems solved by child guidance clinics alone, but there is no doubt that if the mental health of children were as well recognized and given as much serious consideration as matters pertaining to physical health, and if society had in its wisdom created the same facilities for straightening out these mental deviations as it has provided for overcoming physical handicaps, both the mental health and the social standards of our community would be much improved.

There exists throughout the State a demand for clinics of various types which would cater to the needs of the early incipient cases of mental ailments and with

the well organized group of state institutions, so situated geographically to serve the entire state, there is the opportunity of building around these institutions clinical facilities to meet these demands. The extra-institutional activities of the state institutions in Massachusetts have been second to none in the country. There is still, however, an opportunity for developing this very important aspect of preventive work.

Social Service: During the past year the Division of Mental Hygiene has again served through its Habit Clinics over a thousand patients directly, and many more have been helped indirectly.

Because of the increased numbers of patients seen in the last few years, more attention has been given to trying to determine just what degree and quantity of service can best help each individual patient, and yet give the greatest service to the greatest number.

Cases are divided into three categories:

1. *Full Service:* — those who receive thorough investigation and treatment from the psychiatrist, psychologist, and social worker, and other specialist, if it is indicated.

2. *Co-operative Service:* — those cases where full service is given, but where the responsibility for the social treatment is shared with an agency outside the clinic staff.

3. *Partial Service:* — those cases where diagnosis and sometimes treatment is given, but where the social worker does not go into the home or community to study the situation, or to effect adjustments.

Every patient receives the services of three members of the staff, and those with speech defects receive individual training from the specialist in that particular field. In the future, another category may be made in order to distinguish between those cases where a diagnosis only is needed, and those where psychiatric, psychological, and social treatment are given at the clinic sessions.

Chart No. 1 shows the types of service rendered every case carried: 78% received full service; 5%, co-operative service; and 17%, partial service. In 6% of the partial service cases, a diagnosis of feeble-mindedness was made, and the case was referred to the Division of Mental Deficiency. 11% were put into the partial service category for various reasons, some of which follow. Some of these children, while not actually feeble-minded, were only borderline and did not seem likely to benefit from Habit Clinic treatment. In other cases, it was found, on examination, that no psychiatric problem was revealed, or that the problem had a physical basis, and was referred to a medical agency for treatment. In other cases, the parents were not interested in receiving help, and had only come to the clinic at the request of an interested individual or agency. Some parents were so handicapped by lack of education and knowledge of the English language and American standards and customs that it was felt some other community resource could meet their need better. There were cases where illness in the family prevented attending clinic or carrying out the recommendations made there. Sometimes cases were referred simply to determine whether or not the child had a normal mental ability. Some children were seen in the wards of the Floating Hospital or the New England Hospital for Women and Children at the request of a house physician; but, when the child left the hospital, those responsible for the care of the child did not wish further clinic service. In some cases the parents who brought the child to clinic showed such good insight and ability that they were not given another appointment, but told that they might obtain an appointment when they felt the need of it. In some cases the only problem seemed to be an educational one, which could be handled by the school after the initial psychiatric and psychological study had been made. Occasionally, a parent brings a child to the Habit Clinic thinking that it is a medical clinic, and loses all interest when he learns that his child is not to be given medicine to cure temper tantrums or enuresis. Patients sometimes come for a problem for which they are already receiving advice elsewhere, and are advised to return to the original physician or agency. Occasionally, a family have moved to a distance after their first clinic contact and it has been very difficult, or even impossible, to return. Finally, there are those cases where the child has shown such improvement after one clinic contact that the parents see no reason for returning.

The practice of dividing cases into the three categories already mentioned makes it possible for the social workers to carry a much larger case load than would be otherwise desirable. Each social worker is responsible for the clinic management and social case work in two centers. The average monthly case load per worker is 107 cases.

Table No. 2, in graph form, is of interest, as it shows the months of the year when the largest number of new cases came for help. In October, 91 new cases were seen; 87 in March; 70 in January; and 65 in April and November. The lowest mark was reached in July, when only 36 new cases attended.

Table No. 3 shows that several clinics have their greatest number of cases referred at the same time. Four clinic centers had their highest record of new cases in October; three, in March; two, in June; and one each in January and September.

In these last two cases, the clinics had reached exactly the same high point in two or three different months.

As each social worker is responsible for the work in two clinics, she is sure to have one that has its peak of intake in the months already mentioned, so that she is unable to relieve in any way the load under which a fellow social worker may be staggering.

The social staff is composed of six psychiatric social workers; four doing full-time case work; one, research work; and one giving half her time to case work and half to research. On October 20, 1934 Leonora Lane resigned her work in research to be married, and Carlotta Weith, who was previously in the Division for the Examination of Prisoners, was appointed in her place on November 26, 1934.

The functions of the social workers are always varied. In addition to social case work, which includes the obtaining of psychiatric and social histories in the community and clinic management, they have helped other agencies in trying to arouse community interest in providing much-needed recreational facilities, in making observation trips to schools and institutions that may possibly be of service to some child who has come under the clinic's guidance, and to whom such an institution may be a haven of refuge and the best possible training for his future happiness in life.

The social workers take a very active part in school problems, interviewing principals and teachers about each individual school child and, in Quincy, taking part with other members of the staff in a monthly conference with the school authorities regarding particular children known to both clinic and school.

The social workers have given numerous talks during the year to the following groups; Parent-Teacher Associations; Women's or Mothers' Clubs; Public Health Organizations; and Young People's Groups, Parent Educational Groups, Board of Directors of a charitable society, Playground Workers, and Girl Scout Leaders.

The social workers have also taken their share of responsibility in presenting case studies or papers at the weekly meeting of the whole Habit Clinic staff. As subjects, case studies have predominated; but there have also been reviews of studies that have been done elsewhere, reports of the State Conference of Social Workers, and a report of ten years of social service in the Habit Clinics.

Members of the social staff have followed closely the recent trends in social therapy, taking part in seminars on attitude therapy and passive therapy, and incorporating them in their work when it seemed feasible.

The research workers have continued with their investigations of special problems, and in coding Habit Clinic records. A sample case record was sent to the National Council of Social Workers in Kansas City.

Chart No. 4 shows the types of agencies and individuals in the community with whom the social workers have been in contact, and who in turn have referred children to the clinic.

As in past years, the largest number of cases have been referred by health agencies; that is, hospitals, Well Baby and other clinics, public health departments and nursing organizations. These composed 35% of all cases referred.

Schools are next in number — 28%, and it can be seen that, in four clinics, they referred more cases than health agencies did.

Friends and relatives referred 15%. This year, care has been taken to learn how parents knew of the Habit Clinics; and, when their source of information was newspaper articles or through speeches attended, the two latter were given as the sources,

rather than the parents. The number influenced by newspaper articles in Lowell and Reading show the value of that type of educational work. Speeches have brought fewer results in this regard.

Chart No. 5 shows the complete number of cases carried during the year to be 1,053. These are divided into 102 old cases that were active with social service, but for various reasons did not return to the clinic, and 951 cases which attended clinic during the year. These latter are, in turn, divided into 681 new cases and 270 old cases attending clinic. Three thousand four hundred and ninety-two (3,492) visits were made to clinic by the 951 children. This means that the average has been four visits to clinic by each patient. During the year, 414 clinic sessions were held.

Chart No. 6 gives these same facts in the form of percentages. 27% of the children were of pre-school age and 73% were of school age. 62% were males and 38% were females. This is almost identical with the percentages for last year.

Chart No. 7 shows the average number of new cases seen at each clinic session and the average number of children seen at each session. Quincy stands out as having the largest average number of new cases per clinic. West End, Quincy, and Lawrence show the largest average number of children seen per clinic. The attendance in North Reading is small, as it is a monthly clinic; while the others meet weekly, except for Boston Dispensary, which is bi-weekly.

Chart No. 8 compares the statistical reports for the past three years. In 1933 the figures were the highest in the history of the Habit Clinics. It would have been impossible to continue at that high rate without an increase in the number of staff members. Nevertheless, there has only been a slight decrease of 38 in the number of cases carried this year. The decrease in the number of cases at the Boston Dispensary is due to the fact that, when that clinic was changed from weekly to bi-weekly sessions in March, 1933, the medical workers referred cases that had been waiting three or four months for service. In addition to these old cases, the clinic tried also to see all current cases referred, so the numbers were unduly large. After a time, all old cases had been seen and only current cases were being referred.

There has been an increase of clinic sessions in Lowell, as well as at Boston Dispensary. In 1933 the Lowell Clinic met bi-monthly for six months, and weekly for five months. In 1934 the sessions have been weekly throughout the year. The decrease in visits paid by children to clinic has only been 73.

Nothing has been said thus far about the figures for 1932 but, in all the totals, it is noticeable that the figures for 1934 are much larger than those for 1932.

There is every reason to believe that the Habit Clinics will continue the high average of service rendered in 1934.

CHART I. *Types of Service Rendered*
December 1, 1933 to November 30, 1934

	Total	Full Service	Cooper- ative Service	PARTIAL SERVICE		
				Total	*F. M.	Other
Boston Dispensary	187	145	9	33	6	27
Quincy	163	138	1	24	18	17
West End	133	95	12	26	11	15
Lawrence	129	92	1	36	12	24
New England Hospital	128	113	—	15	5	10
Lowell	113	84	7	22	11	11
Reading	102	93	—	9	6	3
Norwood	67	59	1	7	1	6
North Reading	31	—	24	7	1	6
Total number of Cases	1,053	819	55	179	61	119
Per cent of cases given each type of service.	100%	78%	5%	17%	6%	11%

*Full service case.

*Feeble-minded.

CHART II. — *Total Number of New Cases per Month for All of the Clinics*
December 1, 1933 to November 30, 1934

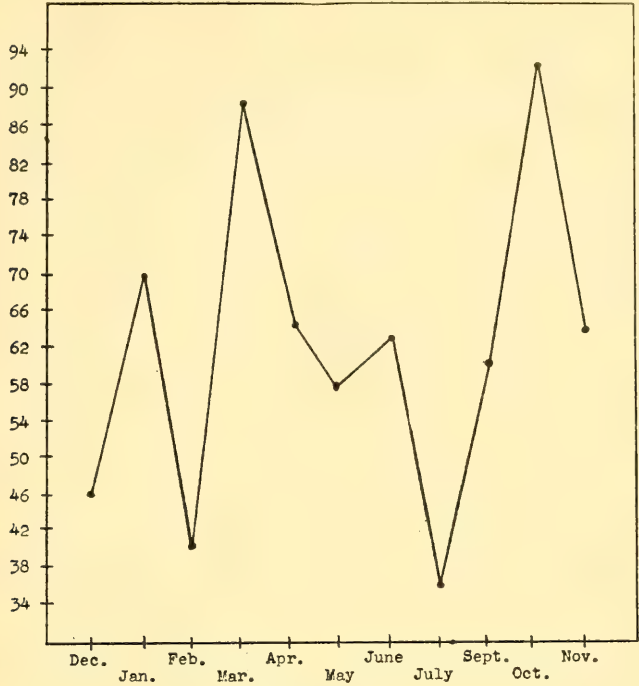


CHART III.
December 1, 1933 to November 30, 1934

The following chart shows the months when the greatest number of new cases was seen in each of the nine clinics:

December	
January	. . North Reading
February	
March	. . Boston Dispensary, Quincy, Norwood
April	. . North Reading
May	
June	. . Lowell, New England Hospital
July	
September	. Quincy
October	. Lawrence, Reading, Quincy, West End
November	

(Quincy and North Reading each reached its same high point in more than one month.)

In most instances, more than one clinic reached its highest point of new cases during the same month. There are five months when no clinic had its greatest number of new cases. This factor is interesting, as it indicates that, to a certain extent, all of the clinics are affected alike.

CHART IV. — *Sources of New Cases*
December 1, 1933 to November 30, 1934

	%	Total	Boston Dispensary	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
Health agencies	35%	242	106	3	18	45	18	1	17	12	22
Schools	28%	188	3	54	11	14	—	13	46	27	20
Friends and relatives	15%	99	5	9	7	14	—	15	25	12	12
Children's agencies	5%	36	7	2	15	2	—	—	2	—	8
Physicians	5%	35	1	8	8	—	—	4	12	—	2
Community education:											
Newspapers	4%	25	—	—	10	—	—	3	—	11	1
Speeches	1%	7	—	—	2	—	—	3	1	1	—
Family agencies	3%	23	2	5	3	6	—	1	2	—	4
Chosen by clinic staff	3%	20	1	2	4	—	—	1	4	3	4
Settlements	1%	6	1	—	—	—	—	—	—	—	5
Total	100%	681	127	83	78	81	18	41	109	66	78

CHART V. — December 1, 1933 to November 30, 1934

	ALL CLINICS			BOSTON DISPENSARY			LAWRENCE			LOWELL			NEW ENGLAND HOSPITAL		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Total cases carried	1,053	658	395	187	108	79	129	83	46	113	69	44	128	64	64
Pre School Age	285	160	125	61	31	30	13	9	4	19	11	8	54	26	28
School Age	768	498	270	126	77	49	116	74	42	94	58	36	74	38	36
Active cases not attending	102	63	39	24	13	11	5	4	1	9	6	3	12	3	9
Pre School Age	29	16	13	7	4	3	—	—	—	1	1	—	9	3	6
School Age	73	47	26	17	9	8	5	4	1	8	5	3	3	—	3
Cases attending clinic	951	595	356	163	95	68	124	79	45	104	63	41	116	61	55
Pre School Age	256	144	112	54	27	27	13	9	4	18	10	8	45	23	22
School Age	695	451	244	109	68	41	111	70	41	86	53	33	71	38	33
New Cases	681	413	268	127	70	57	83	51	32	78	47	31	81	45	36
Pre School Age	216	126	90	48	25	23	11	8	3	12	7	5	38	20	18
School Age	465	287	178	79	45	34	72	43	29	66	40	26	43	25	18
Old Cases	270	182	88	36	25	11	41	28	13	26	16	10	35	16	19
Pre School Age	40	18	22	6	2	4	2	1	1	6	3	3	7	3	4
School Age	230	164	66	30	23	7	39	27	12	20	13	7	28	13	15
Visits by children to clinic	3,492	2,300	1,192	514	318	196	533	318	215	359	239	120	384	209	175
Number of clinics held.	414			89			46			43			44		

CHART V. — December 1, 1933 to November 30, 1934 — *Concluded*

	NO. READING			NORWOOD			QUINCY			READING			WEST END		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Total cases carried . . .	31	21	10	67	47	20	163	108	55	102	58	44	133	100	33
Pre School Age . . .	3	3	—	21	14	7	56	30	26	22	13	9	36	23	13
School Age . . .	28	18	10	46	33	13	107	78	29	80	45	35	97	77	20
Active cases not attending . . .	8	7	1	9	5	4	18	15	3	11	6	5	6	4	2
Pre School Age . . .	—	—	—	2	1	1	8	6	2	1	1	—	1	—	1
School Age . . .	8	7	1	7	4	3	10	9	1	10	5	5	5	4	1
Cases attending clinic . . .	23	14	9	58	42	16	145	93	52	91	52	39	127	96	31
Pre School Age . . .	3	3	—	19	13	6	48	24	24	21	12	9	35	23	12
School Age . . .	20	11	9	39	29	10	97	69	28	70	40	30	92	73	19
New cases . . .	18	11	7	41	29	12	109	68	41	66	37	29	78	55	23
Pre School Age . . .	2	2	—	19	13	6	39	20	19	17	10	7	30	21	9
School Age . . .	16	9	7	22	16	6	70	48	22	49	27	22	48	34	14
Old cases . . .	5	3	2	17	13	4	36	25	11	25	15	10	49	41	8
Pre School Age . . .	1	1	—	—	—	—	9	4	5	4	2	2	5	2	3
School Age . . .	4	2	2	17	13	4	27	21	6	21	13	8	44	39	5
Visits by children to Clinic . . .	28	17	11	245	180	65	519	362	157	331	209	122	579	448	131
Number clinics held . . .	11			47			44			45			45		

CHART VI. — *Clinic Statistics by Percentage*
December 1, 1933 to November 30, 1934

	ALL CLINICS	TOTAL %	MALE %	FEMALE %
Total Cases Carried . . .		100	62	38
Pre School Age . . .		27	15	12
School Age . . .		73	47	26
Active Cases Not Attending . . .		10	6	4
Pre School Age . . .		3	2	1
School Age . . .		7	4	3
Cases Attending Clinic . . .		90	56	34
Pre School Age . . .		24	13	11
School Age . . .		66	43	23
New Cases . . .		65	39	26
Pre School Age . . .		21	12	9
School Age . . .		44	27	17
Old Cases . . .		25	17	8
Pre School Age . . .		3	1	2
School Age . . .		22	16	6

CHART VII. — *Average Number of Visits Per Clinic*

All Clinics	8.3	Lowell	8.3
West End	12.8	Reading	7.3
Quincy	11.7	Boston Dispensary	5.7
Lawrence	11.5	Norwood	5.2
New England Hospital	8.7	North Reading	2.5

CHART VIII. — *Annual Report: Statistics for Three Years Compared*

	Total	Boston Dispensary	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
Total cases carried:										
1932	889	74	124	86	108	30	75	120	88	85
1933	1,091	229	145	82	118	37	72	170	101	137
1934	1,053	187	129	113	128	31	67	163	102	133
Increase 1934 over 1933	—	—	—	31	10	—	—	—	1	—
Decrease 1934 over 1933	38	42	16	—	—	6	5	7	—	4
New Cases:										
1932	594	57	70	85	77	13	51	89	61	54
1933	795	202	96	65	87	18	47	121	69	90
1934	681	127	83	78	81	18	41	109	66	78
Increase 1934 over 1933	—	—	—	13	—	—	—	—	—	—
Decrease 1934 over 1933	114	75	13	—	6	—	6	12	3	12
Number of Clinic Sessions:										
1932	385	47	47	35	47	10	44	47	46	47
1933	399	80	45	33	46	12	47	46	45	45
1934	414	89	46	43	44	11	47	44	45	45
Increase in 1934 over 1933	15	9	1	10	—	—	—	—	—	—
Decrease 1934 over 1933	—	—	—	—	2	1	—	2	—	—
Number of Visits by Children to Clinic:										
1932	2,857	181	663	314	294	26	237	318	277	410
1933	3,565	630	694	216	327	43	305	510	339	501
1934	3,492	514	533	359	384	28	245	519	331	579
Increase 1934 over 1933	—	—	—	143	57	—	—	9	—	78
Decrease 1934 over 1933	73	116	161	—	—	15	60	—	8	—

LABORATORY RESEARCHES

Dr. Abraham Myerson and his associates have continued their investigations of the intracranial and vertebral circulation. The importance of these studies cannot be minimized. They have represented an original contribution in a field which up until recent years was quite neglected. The following report is a summary of Dr. Myerson's activities.

The principal work of the laboratory at the Boston State Hospital during the past year consisted of the investigation of the pressure and circulation changes existing within the cranial-vertebral cavity under the influence of posture. In previous years we studied the effect of drugs and have not reached very definite conclusions regarding the laws which govern pressure and circulation changes in the central nervous system.

While the arterial pressure basically furnishes a large part of the constant pressure within the skull, changes in arterial pressure are not reflected in changes in intracranial pressure except under extreme conditions. The main factors which are related are (1) the osmotic pressure which also is relatively constant and only slowly changes, and (2) the venous pressure within the skull which is easily changed and is immediately related to the intracranial pressure. Postural changes, consequently, by changing the height of the venous column are immediately reflected by changes in intracranial pressure.

The dilatation and constriction of the small vessels and capillaries within the brain are immediately related to intracranial pressure conditions. Whatever constricts the vessels lowers pressure; whatever dilates these vessels raises the intracranial pressure whether this be due to drugs, disease conditions, postural alterations, or other factors, such as direct sympathetic and autonomic stimulation and inhibition.

Posture has a very remarkable effect upon blood flow and intracranial pressure conditions. With the head up, the arterial pressure falls, but normally there is a compensatory rise. The rate of circulation slows up and there is a greater difference between the oxygen content of carotid and jugular veins than in the horizontal or in the head-down position. At the same time the intracranial pressure falls very markedly. With the head down, the pressure in the artery rises, as does the intracranial pressure, but the arterial pressure falls in a compensatory way just as reversing the process of the head up. The circulation rate in the head down shows increase, whereas the difference in oxygen content between carotid artery and jugular vein diminishes.

Many experiments may be cited to bring out these various relationships of intracranial pressure, arterial and venous pressure, circulation rate, and chemical content. In the arteriosclerotic cases, there is a lack of compensatory rise and fall in the arterial pressure, which probably accounts for many of the symptoms noted in these patients on change of posture. In a case which fainted from emotional shock during one experiment, it was noted that the blood pressure in the artery fell tremendously, although at a later date when the patient was informed about the experiment and reassured as to consequences, the pressure did not fall to anything like the previous experiment and he remained conscious. This and other experiments are the first ones in which the relationship of the pressure within the brain to the effects of emotion has been directly noted.

Papers which give in detail the experiments and the results are either in the press or in process of being written for publication. An abstract will be published in the proceedings of the Boston Society of Psychiatry and Neurology on December 20, 1934, at which time a paper was read.

Dr. William Dameshek has been carrying on studies on the treatment of pernicious anemia associated with mental diseases at the Boston State Hospital. He has also made a study of the cases of secondary anemia in the hospital.

Work was carried out on the effect of total thyroidectomy on Parkinson's disease. Two of the cases thus treated improved; two others showed no change of consequence. At the present time we are convinced that only in the most hopeless type of case should this operative type of procedure be done, since it is only in such cases that results can be held to be of any value.

A good deal of experimental work was done on staining. The results thus far have been equivocal, and we are postponing further work along this line to the time of the opening of the new laboratory when better facilities for such high-grade technical work can be had.

The following papers have been published during the past year:

1. "Primary Hypochronic Anemia (Hypoferrism) III. Treatment of Hypochronic Anemia with Various Iron Compounds, including ferrous chloride and ferrous glutamate"; Dr. W. Dameshek, W. Va. M. J., May, 1934.

2. "The Effects of Sodium Amytal on the Metabolism"; W. Dameshek, A. Myerson and J. Loman; Am. Jr. of Psychiat., v. 91, no. 1, July, 1934.

3. "Case of post-encephalitic Parkinson's disease treated by total thyroidectomy"; New Eng. J. Med. 210:1205-1206, June 7, 1934, A. Myerson and D. Berlin.

4. "Assay of Commercial Extracts of Liver for Parenteral Use"; W. Dameshek and W. B. Castle; J.A.M.A., September 1934.

The following papers are in the hands of printers:

1. "Direct Intra-Arterial Blood Pressure Readings in Man. II. The Effect of Alterations in Posture upon the Carotid, Brachial and Femoral Pressures"; J. Loman, W. Dameshek, and A. Myerson.

2. "Direct Intra-Arterial Blood Pressure Readings in Man. III. The Effect of Postural Alterations upon the Carotid Pressure: 1. Reaction in arteriosclerosis; 2. Reaction during syncope; 3. Reaction to Vasodilator drugs." J. Loman, W. Dameshek, and A. Myerson.

3. "The Effect of Postural Alterations on the Cerebrospinal Fluid Pressure"; J. Loman, A. Myerson, and D. Goldman.

4. "The Effect of Postural Changes upon the Blood Flow in the Internal Jugular Vein"; F. A. Gibbs.

5. "Studies in Agranulocytosis V. The Etiology of Agranulocytosis, with especial reference to the effect of drugs." (Clinical experimental data on effect of various drugs on the leukocyte count.) W. Dameshek.

6. "Studies in Intracranial Dynamics"; A. Myerson, J. Loman, and W. Dameshek with the technical assistance of David Goldman, A.B. and Caroline Stephanson, A.B.

THERAPEUTIC RESEARCHES

Dr. Harry C. Solomon has continued his painstaking investigations in the field of therapeutic research. His contributions in the study and treatment of neurosyphilis have received international recognition and have helped materially to solve

some of the intricate problems associated with mental disorders due to syphilis and from a practical point of view have permitted hundreds of patients to rehabilitate themselves socially and economically outside of an institution. The actual savings to the State in terms of dollars by limiting the hospital stay of this particular group of individuals has been tremendous. The following is a report of Dr. Solomon's researches.

The clinic for the treatment of neurosyphilis has been conducted without any major variation from last year. The chief reliance for therapeutic purposes is placed on a combination of drug and fever therapy. The size of the clinic is likewise not greatly changed from the previous year. The number of patients treated and the type of treatment given is indicated in the following statistics:

House:

Number of new patients treated	62
Number of old patients admitted for treatment	32

Out-Patient Department:

Number of new patients treated	32
Number of old patients treated	188
Number of treatment cases	314
New cases of syphilis (neural and non-neural) in house but not treated at hospital	135
Cases remaining from previous year (neural and non-neural) but not treated at hospital	12
Former house patients returning to neurosyphilis clinic for further diagnostic procedures	6
Mates, children, and siblings of syphilitic patients examined in neurosyphilitic clinic	103
Total clinic register	570
Total visits to neurosyphilis Out-Patient Department	5,527
By 32 new patients for treatment\	
By 188 old patients for treatment }	5,363
By 117 new patients* for examination\	
By 37 old patients* for examination }	164
Total treatments (exclusive of fever therapy)	5,323
Given to house patients	268
Given to out-patients	5,055

*These are mates, children, and siblings of syphilitic patients.

Number of treatments given 314 patients (exclusive of fever therapy)	5,323
Acetarsonone 170	Intraspinal 9
Arsphenamin 205	Neoarsphenamin 214
Bismuth 1,058	Tryparsamide 5,667
Fever therapy	545
Diathermy: 324 treatments given 18 new and 16 old patients	
Malaria: 30 patients, 22 of whom were new and 8 old patients.	
Typhoid vaccine: 43.	
Electric Blanket treatments given: 138.	
Diagnostic and therapeutic lumbar punctures	1,037
Encephalographies	18

A study has been completed of the results of tryparsamide treatment in 81 cases of general paresis in which the treatment was started between the years 1923 and 1930, and the condition of the patient recorded in 1935. A similar study of 173 cases of general paresis treated by malaria between the years 1925 and 1931, and as seen by the condition of the patient in 1934, is also completed. A comparison of the results of these two series is given in the accompanying chart:

Comparison of Results of Tryparsamide Treatment and Malaria Therapy

	Tryparsamide Series	Malaria Series
Total number cases treated	81	173
Clinical results (per cent)		
Arrested	42.0%	48.5%
Stationary	29.6%	15.0%
Unimproved	28.4%	36.5%
Serological results (per cent)		
Negative	37.5%	36.7%
Greatly improved	16.3%	20.7%
Moderately improved	10.0%	18.3%
Unimproved	36.2%	24.3%

It should be stated that the malaria series does not indicate the results of malaria alone, as most of these patients received tryparsamide and other anti-luetic drugs subsequent to the malaria and in some cases prior to the fever. At any rate, the important conclusion arrived at, is that these types of therapy lead to a good clinical status in more than 40% of the patients with general paresis. Further conclusions can be drawn that there is not a great difference in the results obtained by the two somewhat different schemes of treatment. It is worth emphasizing, however, that the results obtained by rather intensive and long-continued treatment as carried out in this clinic, appear to give results that are somewhat more favorable than most of the results reported in the literature on the subject. The results as here reported, indicate very clearly that the treatment of general paresis is very worth while. From the results of treatment as obtained in the cases of general paresis which are relatively well-advanced before a diagnosis is made, it follows that there is a great need of earlier diagnosis of neurosyphilis.

In addition to the study of the effect of fever produced by malaria, studies have been continued on the effect of fever induced by diathermy and by electric blanket. There can be no doubt that fever produced by such physical means has a definite therapeutic value, but whether the results are as good as those obtained by the use of malaria fever, cannot be stated as yet, as the result of our present experience. Perhaps in another year or two enough experience will have been obtained to allow us to draw some conclusions.

A few patients have been treated with the drug known as "acetarson". This drug has been used for some years in France under the name of sodium stovarsol, and from the reports concerning its use in cases of general paresis, it seemed to have a considerable therapeutic value. Our experience with this drug is as yet too limited to allow us to compare its effectiveness with other methods of treatment.

During the year Dr. Epstein, working in conjunction with Dr. J. C. vonStorch of the Boston City Hospital, has perfected a new encephalography table containing a Bucky diaphragm as an integral part of the apparatus.

Last year a new filing system was introduced with a very complete index of neurosyphilitic cases, according to diagnosis and symptoms as well. During the present year the filing and indexing has been carried back covering a twenty-year period. A description of this index system has been published in the "American Journal of Syphilis and Neurology" by Dr. Epstein.

One of the difficulties with the use of diathermy in the production of fever arose from the possibility of burns. The matter of developing electrodes that would avoid this hazard is a matter that has concerned both the manufacturers of the diathermy apparatus and the clinics in which this type of fever is used. It is pleasing to be able to record that Dr. Epstein, who has been working in conjunction with the N. E. X-ray Corporation, has produced simple electrodes for this purpose which apparently are fool-proof. Since their development, no burns have occurred. They have the further advantage over the other electrodes which we have seen in that they have an indefinite life. The electrodes consist of chromium-covered metal plates joined together like a bracelet.

During the past years the Hinton test for syphilis has been widely used in New England. This test is considerably more sensitive than the conventional Wassermann test and because of this picks out a good many cases of syphilis which would otherwise be missed. Dr. Hinton and his co-workers have stated many times that

with the use of the Hinton test the examination of cerebrospinal fluid is hardly necessary. They have insisted that a negative test practically rules out the presence of syphilis of the nervous system. Studies of our material have shown that even in the hands of Dr. Hinton, negative Hinton test is obtained in cases of active central nervous system syphilis. The results of this investigation are ready for publication, as well as some other considerations concerning the Hinton test.

Studies are also being conducted on the problem of Charcot joints and tabetic crises.

Dr. Kopp has been studying some of the physiological effects of fever for a couple of years or more. A study of the basal metabolic rate in neurosyphilitic patients undergoing therapeutic fever, show that there is an increase in the basal metabolic rate varying from 4 to 14% for each Fahrenheit degree of fever. The greater increases occur in patients who experience the most discomfort during the induction of fever. As a result of these studies, it appears that the increase in the basal metabolic rate in artificial fever closely parallels the increase obtained in fevers due to infectious diseases.

Dr. Kopp studied the velocity of blood flow by the decholin method in a group of patients having therapeutic fever. Among other observations, it is found that after a series of fever treatments, the basal velocity of blood flow increased, apparently indicating that the myocardium of the patient experienced a beneficial effect from the fever. In one patient with syphilitic heart disease, the changes in blood rate and velocity of blood flow after the febrile treatments closely resembled the effects of digitalis therapy. It was also discovered that more marked increases in the velocity of blood flow and pulse rate during fever occurred in the patients with luetic heart disease than in a patient with an apparently normal heart for approximately similar temperature levels and metabolic rates. It appears from these observations that the response of the cardio-vascular system to artificially induced fevers may be utilized as a test of cardiac function.

Three papers embodying some of the results of this work are now ready for publication. They are entitled:

1. Metabolic rates and therapeutic hyperpyrexia.
2. Metabolic rates in therapeutic diathermy fever.
3. The velocity of the blood-flow in therapeutic hyperpyrexia.

Miss Charlotte Rosen, working under the direction of Dr. F. C. D'Elseaux, studied the effects on the acid base balance of arterial blood in fever produced by high frequency diathermy current. This study is likewise ready for publications. These studies have for their *raison d'être* an attempt to understand the mechanism underlying the therapeutic benefits derived from febrile therapy in syphilitic conditions.

Dr. Merrill Moore, who, at the present time is on a Fellowship of the Commonwealth Fund, has been doing considerable work in relation to the neurosyphilis problem. He has been studying the incidence and symptomatology of patients who have been in this clinic over a period of years, as well as other statistical data relating to them. Dr. Moore's fellowship will continue until March 1, up to which time he will continue the studies already undertaken. It is to be hoped that at the expiration of his fellowship, it will be possible to have him continue his valuable assistance to the Department.

No account of the work of the syphilitic patients can be complete without mention of the social service department. The best praise for the work done is that in the study of 254 cases of general paresis mentioned above, practically no case was completely lost sight of over a period of years. The following table indicates the technical work done during the year, but gives no indication of the good relationship between the social worker and the patients, which in a large degree accounts for the continuing contact with the patients over a period of years.

Number of Interviews at hospital (minus clinic interviews)	290
Number of visits	212
Visits to wards	58
Visits outside	154
Number of telephone conferences	1,418
Incoming calls	458
Outgoing calls	960

Number of letters written. 1,155

Miss Ruth Epstein, who has been doing the active social service work with the neurosyphilitic patients, has resigned as of November 30th, in order to work for a Master's Degree in psychiatric social work. A continuity of the social work in this department will be kept through the supervision of Mrs. Maida H. Solomon.

In 1930, Dr. Frank D'Elseaux came to the Boston Psychopathic Hospital as a Commonwealth Fellow in Psychiatry. He at once interested himself in the physiological approach to psychiatric problems, beginning with the study of the carbon dioxide problem. Dr. D'Elseaux has continued his activity in studying the psychoses at a physiological level and following the completion of his Commonwealth Fellowship, he received an appointment from the Department of Psychiatry of the Harvard Medical School, and recently has become Chief of the Bio-Chemical Department of the Psychopathic Hospital. As a result of his work, there has been a gradual growth in the research laboratory, which has finally culminated this spring and summer in the building of a rather ideal arrangement of laboratories and experimental rooms, with ample space and good equipment, concentrating previously scattered facilities into a single unit. The additional space permits the work of a larger personnel to carry out the complex time-consuming experiments necessary to work up the problems which have grown out of the original carbon dioxide studies.

It is hoped that the increased laboratory facilities will be supplemented by an increase in beds for the study of special problems. A plan has been proposed for certain structural changes on the two wards on the first floor of the hospital whereby additional bed space will be available and a more satisfactory sitting-room for the patients afforded. If this plan is carried out, it will make available a small unit for four or five additional patients who can be studied under carefully supervised conditions without much additional nursing expense.

The problems which have grown out of the original carbon dioxide problem fall into three major groups:

1. The acid-base balance of the blood, brain, and muscles and the inter-relations of this balance in each of these tissues.
2. The regulation of respiration.
3. Cardio-vascular activity in its relation to respiration.

Much original information concerning the acid-base balance, particularly of the brain and of the part which the different elements of the body play in such adjustments have been obtained. The indicated interrelations have a rather broad biological significance. Likewise, much pioneer work in the understanding of the regulation of respiration has been done. The text-book picture of the functioning of this stem is far from adequate. The recent original work of Heyman on the carotid sinus in Belgium and of Adrian in England, on the pulmonary vagi has been to a great degree corroborated in the human in studies that have been quite a great deal more complete than the majority of physiological investigations (i.e., respiration, circulation, acid-base balance of the brain, muscles, and blood of humans). This work further points to elements in the regulation of respiration which heretofore have not been considered and which arise out of the rather completeness of the observations. This has been the main arbeit of the laboratory. The part dealing with respiration was reported at the physiological congress in New York. The data are gathered into a group of seven papers which are about ready for publication.

Through this work there has been gained a detailed and exact knowledge of the functioning of these systems which offers opportunity not only of comparison of the normal with the psychotic in regard to the activities of these systems, but also offers an opportunity of studying the control exerted over these systems by the autonomic, endocrine, and humoral systems by virtue of the precision and ease of observation of these systems. Through such studies of the end or effect on systems such as the respiratory system, the autonomic systems may be studied.

As side issues of these problems, much data is being collected which throws light on the oxygen transport and utilization mechanisms, and the lactic acid metabolism. These will be subsequently reported separately.

PSYCHOLOGICAL SERVICE — DIVISION OF MENTAL HYGIENE

The psychological service of the Division of Mental Hygiene is provided for by a group of three part-time workers. This arrangement has several advantages over that of fewer persons working full time. It is more flexible, it brings to the clinics a higher type of psychologist than would otherwise be attracted, and, incidentally, it makes possible for them professional contacts which react to the advantage of the clinics.

As the volume of work and the type of problem confronted vary from week to week in these mobile clinics, an attempt to prescribe the examination program would hamper rather than help. Competent examiners having been secured, each is left free to adapt the program to the situation and the individual. The equipment, however, is limited to what the psychologist can transport. The examiner compensates as far as possible by selecting more carefully the tests for each case, taking fuller notes of the child's reactions and utilizing to the utmost the qualitative as well as quantitative data so obtained. Among the tests available, the Stanford-Binet Scale ranks first in general usefulness, especially when there is any question of school adjustment. It is commonly used here in its more extended form and supplemented by a variety of other tests, verbal and non-verbal. With pre-school children the Merrill-Palmer Scale and the Gesell Developmental Schedules are used, the latter with a record sheet adapted by permission, for use in these clinics. The Van Alstyne Picture Vocabulary, devised and standardized by a former member of the staff, is particularly useful with young children whose oral responses are not satisfactory.

The psychologist contributes to the work of the clinic team, first by a study of the native intelligence of each child and, second, in certain cases, by taking part in the treatment. As regards intelligence, the first question is whether the child belongs in the normal group, since defectives must be referred at once to the Division of the Feeble-minded. Granting his normality, it is still a question of importance how far his intelligence is adequate for good cooperation in the treatment of his problem, and whether the grade or character of his mentality or the presence of some specialized ability or disability is a significant factor in his behavior problem. When such a causal factor appears, it may fall to the psychologist to advise parents or teachers as to treatment, or to make further study of the child or even, in some cases, to do a limited amount of experimental teaching. In the case of pre-school children the mothers may be referred to the psychologist for suggestions as to play materials and home activities through which better mental development can be promoted. In this connection come the various problems of speech. Certain well-defined speech defects, especially in older and more intelligent children can be treated effectively by direct training and are referred at once to a specialist. In other cases where speech is delayed or enunciation continues too long to be infantile or indistinct, or when a young child has been made self-conscious to the point of inhibiting speech, the direct approach may be inadvisable. These problems call for no special technique of speech training but for patience, ingenuity, and a sympathetic imagination in motivating speech and in creating a favorable atmosphere for the youngster. In such cases the child's mother is commonly referred to the psychologist.

Not a few of the reading difficulties, now recognized as a major problem in the grades, are due to a false start. The child entered school with some handicap. Defects of sight and hearing are now watched for and increasing efforts are being made to correct them early. The elimination of these, however, is bringing to light another group of deficiencies which may as effectually block the child's progress. First of these is inadequate control of oral speech. Either comprehension or expression or both may be unduly limited by a small vocabulary or by poor command of idiom and sentence structure. Indistinct or slovenly speech may render phonetics almost meaningless. Again the cultural background may be meagre. The child may have lacked the experiences normal to his age or he may not have been sufficiently encouraged to organize and formulate his ideas. If his rote memory is poor these deficiencies make trouble for him even in the first grade. If his rote memory is exceptionally good they may go unrecognized for several years only to make worse trouble for him later on. When parents are unintelligent or uninterested, the best that can be done is to recognize the situation as early as possible in

the child's school career, and to compensate as fast as possible then. Under favorable conditions, however, many of these handicaps can be recognized and removed before the child enters school.

Among children of school age the whole problem may turn upon some question of school adjustment, but even when this is a minor factor its relief makes the child more receptive and cooperative towards psychiatric or social treatment.

Some of the most important as well as the most difficult work of the psychologist is done with children of mediocre or low ability. A second or even a third examination may be necessary to determine the true status of such a child, especially if his environment has been unfavorable or if he has suffered under physical handicaps. The real test then is, not his rating on one particular date, but his rate of progress when his disadvantages have been compensated as far as possible. These children are not usually the most attractive and pleasant to work with, but their problems are scientifically challenging and to a psychologist possessed of even a modicum of human sympathy and feeling for fair play, not the least of his duties and privileges is to assist in protecting such individuals from premature labeling as dullards or worse.

It will be seen that the psychologist's function supplements but does not duplicate those of social worker and psychiatrist and is distinguished from these by its own characteristic methods and approaches.

The Division of Mental Hygiene has supported in part and been particularly interested in the research activities of the Worcester State Hospital. The credit for these painstaking investigations belongs entirely to Drs. R. G. Hoskins and F. H. Sleeper and their assistants. Schizophrenia represents the largest single problem of mental disease as well as the most baffling. Only within recent years has it been possible to make investigations of the intensive type that are being carried on at the Worcester State Hospital.

The annual report of the Child Guidance Clinic of the Worcester State Hospital is also submitted and it represents the summary of a very important contribution in the field of the mental health of the child. It is a generally accepted fact that such child guidance centers have a real contribution to make both in the field of psychiatry and delinquency.

WORCESTER RESEARCH IN SCHIZOPHRENIA

The research activities on the problem of schizophrenia have continued as a joint responsibility of the Memorial Foundation for Neuro-Endocrine Research, the Division of Mental Hygiene, and the Worcester State Hospital, under the direction of Drs. R. G. Hoskins and F. H. Sleeper.

During the fiscal year the Rockefeller Foundation granted a substantial subsidy to the Trustees of the hospital for the furtherance of two major problems:

(1) *The Construction of a Regulated Temperature and Humidity Laboratory*

This was completed early in November at an approximate cost of \$7,500. Experimentation was started immediately by Drs. H. Freeman, F. Linder, and R. Nickerson. The laboratory is so constructed that a temperature range from 50° dry bulb to 120° dry bulb and relative humidity from 20% to 90% and any combination of these factors may be obtained. Temperature, humidity, and air velocity can be controlled to a degree of accuracy not heretofore possible in our experimentation.

This laboratory lends itself to an infinite variety of experiments, only two of which will be considered at this time. It has been postulated that schizophrenic patients frequently present a condition of physiological clumsiness, that there is a rigidity of certain mechanisms and undue lability in others; that there is present an inability to maintain a steady state of the internal milieu; in short a disordered homeostasis, to use Cannon's terminology for this condition. With this new equipment we plan to test this hypothesis by studying the reaction of patients and control subjects to changes in temperature and humidity, with special attention to functional integration.

We also plan to investigate weight loss due to insensible perspiration, comparing the metabolism rates as determined by this method with those obtained by the Benedict Collins apparatus.

(2) *The Investigation of Normal Control Subjects living under the Same Conditions as Schizophrenic Subjects*

This project is directed toward the solution of a problem of major importance, for example, to what extent will normal individuals placed in an environment similar to that in which schizophrenic subjects live develop physiological changes comparable to those present in the schizophrenic subjects. Normal subjects are selected after a careful physical examination which includes the usual clinical and laboratory tests as well as serological studies, psychological tests, and psychiatric interviews. Patients and normal subjects are studied as matched pairs over a period of two months. Practically all variables under investigation are repeated during the two-month period at least once, and in certain instances four times or more. The data are needed not only in the evaluation of our work but for the understanding of work done in other institutions on such topics as the endocrine and metabolic characteristics of delinquents, the aged, prisoners, etc. This investigation was started July 30th this year. Nearly all of the research staff collaborated.

The following papers were published during the current year by members of the research staff and give a partial idea of the activities of the service. Where they lend themselves to such discussion, excerpts from the summaries and conclusions are given in those papers not discussed in the previous report:

The Sedimentation Rate of the Blood in Schizophrenia:

H. Freeman, *Arch. Neurol. and Psychiat.* 30: 1928, December, 1933.

Further Studies of a Glycerin Extract of Adrenal Cortex Potent by Mouth:

H. Freeman, F. E. Linder, and R. G. Hoskins, *Endocrinology* 17: 677, Nov.-Dec. 1933.

The Manganese Treatment of "Schizophrenic Disorders":

R. G. Hoskins, *Jour. Nerv. and Ment. Dis.* 79: 59, January, 1934.

A Comparison of the Methods for Collection of Blood to be used in the Determination of Gases:

Joseph M. Looney and Hazel Childs. *Jour. Biol. Chem.* 104: 53, January, 1934.

Describes a method of collecting and handling blood for gas analyses in a capped syringe. This method prevents error from exchange of blood gases with the air. Blood kept in 10 cc. portions for $\frac{1}{2}$ to 2 hours under a layer of oil 5 cm. deep was found to lose CO₂ and absorb oxygen from the air. It was also shown that the effect of stasis on the gas content of the blood could be avoided by allowing one minute to elapse after removing the tourniquet before drawing the blood.

Sensory Threshold to Direct Current Stimulation in Schizophrenic and Normal Subjects:

P. E. Huston, *Arch. Neurol. and Psychiat.* 31: 590, March, 1934.

Arm-to-Carotid Circulation Time in Normal and Schizophrenic Individuals:

H. Freeman, *Psychiatric Quarterly.* 8: 290, April, 1934.

The arm-to-carotid circulation time was determined in 26 normal subjects and 73 schizophrenic patients, free from organic disease. For the patients under basal conditions the mean circulation time was 25.6 seconds. In a second series of 52 of the same patients four months later the mean basal circulation time was 27.9 seconds. In 45 of these a third series of tests was made on the afternoon of the same day. In these the mean arm-to-carotid time was significantly decreased to 23 seconds. In the normal individuals the mean basal circulation time was 21.9 seconds, a significantly faster rate of blood flow than was found in the second and more reliable of the schizophrenic series. Under non-basal conditions the mean circulation time showed a practically identical value of 21.4 seconds. In the normals the correlation co-efficient between the basal and non-basal series was +.73, a value significantly higher than that of the schizophrenics, which was +.15, and which, coupled with the similarity of the mean values in the circulation time, seemed indicative of a greater individual stability. It was concluded that schizophrenia is characterized by an abnormal slowing of the circulation time and by an abnormally high intra-individual variability in the rate of blood flow.

The Concomitance of Organic and Psychologic Changes during Marked Improvement in Schizophrenia. A Case Analysis:

Milton H. Erickson, *Am. Jour. Psychiat.* 13: 1349, May, 1934.

The Effect of Dinitrophenol on the Metabolism as seen in Schizophrenic Patients:

J. M. Looney and R. G. Hoskins, *N. E. Med. Jour.* 210: 1206, June 7, 1934.

In order to study the effect of raising a low metabolic rate which is consistently found in schizophrenic patients by the use of dinitrophenol, this drug was administered to 10 patients in doses of 3 to 4 mgm. per kilo. for a period of 49 days. Each week analyses were made on blood for complete nitrogen partitions, sugar, cholesterol, lactic acid, glutathione, carbon dioxide, oxygen, and pH. Nitrogen partitions were made on urine, as well as routine quantitative analyses. It was found that there was an increase in the basal metabolic rate of approximately 50 per cent without any concurrent change in blood pressure, pulse rate, or temperature. At first there was a gradual increase in the non-protein-nitrogen, urea nitrogen, and uric acid nitrogen, which again receded to normal as the treatment continued. Blood cholesterol and lactic acid showed considerable variation, but no consistent trend. Patients lost about 2 to 3 kilograms in weight, but no deleterious effects were noted. It was concluded that this drug could be used to increase the rate of oxygen consumption without great loss of weight, especially if the energy intake is augmented by supplemental feedings. Within the limits of dosage employed, the drug is apparently harmless. It was found that in dosages up to 4 mgm. per kilo the drug was without significant effect on temperature, blood pressure, pulse pressure, or pulse rate. There was a suggestion that the medication might prove to be of some therapeutic value, but the data were not sufficiently extensive to permit accurate judgment on this point.

The Relation between Oral and Rectal Temperatures in Normal and Schizophrenic Subjects:

Hugh T. Carmichael and Forrest E. Linder, *Amer. Jour. Med. Sci.* 188: 69, July, 1934.

A Study of Hypnotically Induced Complexes by Means of the Luria Technic:

P. E. Huston, D. Shakow, and M. H. Erickson, *Jour. Gen. Psych.* 11: 65, July, 1934.

In an attempt to test the validity of the Luria method of detecting affective conflicts, one of his experiments was repeated. A complex was induced hypnotically. Verbal, voluntary, involuntary, and respiratory responses were studied. Four male and eight female subjects were used. The results obtained and the interpretations suggested are the following:

1. There was evidence that nine subjects accepted the story told them as something they had done and that it produced a profound reaction in them.
2. In six of these nine subjects some non-verbal (motor) aspect of the Luria technique revealed the presence of the conflict in either the hypnotic or waking states. These subjects in the hypnotic states tended, in general, to give verbal responses definitely related to the conflict with relatively few non-verbal disturbances. In the waking state the relative importance of the non-verbal disturbances increased over the verbal. The hypothesis is suggested that there may be "levels of discharge" so that if excitation created by the conflict is not discharged verbally there is a spread to voluntary and involuntary motor levels. An implication of this hypothesis is that the motor aspects of the Luria technique sometimes may not reveal the presence of the conflict.
3. In the three other cases, those of subjects who accepted the story suggested to them, the evidence that the Luria technique revealed the existence of a conflict was lacking or was of a dubious character. These three cases are discussed with special reference to the effect of the artificial conflict upon their verbal responses.
4. The results from the three subjects who refused to accept the complex suggest that the reproachable act must be of such a nature that the subject can plausibly conceive of his participation.
5. Data collected from repeated sessions on the same subject indicate that there is a "shock" effect which appears chiefly in the first session as a large number of motor disturbances and declines upon repetition. This "shock" effect must be evaluated properly before valid conclusions in this type of experiment can be drawn.
6. Repeated experimental sessions on the same individual while he had the conflict showed a gradual decline in motor disturbances from day to day, pointing to an "abreactive" factor or a forgetting factor.

7. Certain other theoretical implications of the experiment are discussed and a list of problems which may be approached by the Luria technique are included. The Effect of Dinitrophenol on Circulation Time:

H. Freeman, *Jour. Pharm. and Exper. Ther.* 51: 477, August, 1934.

The administration of dinitrophenol to schizophrenic patients as a means of counteracting the apparent sub-oxidation in that disease was discussed above. In nine male healthy schizophrenic patients the administration of dinitrophenol over a seven weeks' period in amounts sufficient to raise the oxygen consumption rates a mean of 28 points resulted in a significant mean decrease in the circulation time of 6.2 seconds. Having reached a new level, no further variation in the circulation time was observed with an increase in the oxygen consumption.

Phytotoxic Index. I. Results of Studies with 68 Male Schizophrenic Patients:

William Freeman, Joseph M. Looney, and Rose Small, *Arch. Neurol. and Psychiat.* 32: 554, September, 1934.

In an effort to test the hypothesis of a toxic genesis of the schizophrenic psychosis, the inhibitory effects of 1 and 2 per cent solutions of defibrinated whole blood in a 50 per cent solution of nutrient Shive solution on the growth of the roots of *Lupinus albus* seedlings were studied simultaneously with male schizophrenic patients and normal male subjects, all free of any perceptible organic disease. The technique used was a modification of Macht's original procedure. A total of 68 patients and 21 normal subjects was thus tested. Some of these had one or more re-tests. A 2 per cent solution of diluted urine was likewise tested. In each instance the total 24-hour urinary output was diluted to 10 litres. Sixty-eight patients and 25 normal subjects constituted this series. No significant differences were found in the inhibitory action of whole blood in strengths of either 1 or 2 per cent between the male schizophrenic patients and the normal male controls. Likewise no abnormal inhibitory action on the growth of these seedlings was demonstrable by using a 2 per cent solution of diluted urine. It was concluded that neither the blood nor the urine of male schizophrenic patients showed any abnormal phytotoxicity demonstrable by the *Lupinus albus* test. No significant differences in phytotoxicity were found between the more acute cases and the chronic cases of either blood or urine.

Comparative sensitiveness of schizophrenic and normal subjects to glycerine extract of adrenal cortex:

H. Freeman and R. G. Hoskins, *Endocrinology* 18: 576, October, 1934.

A glycerine extract of adrenal cortex was administered to healthy male schizophrenic and normal subjects in a daily dosage representing approximately 450 grains of cortical substance. Combining two series of patients and controls studied, consisting of 17 normal controls and 19 patients, 18 per cent of the normal subjects as compared with 79 per cent of the schizophrenic patients showed a pressor reaction. In the first series of patients the mean rise in systolic pressure for the group was 17 mm. and in the second series 13.6 mm., these changes being statistically significant. The findings raised several questions that demand further study. To what extent and how consistently does adrenal deficiency figure in the schizophrenic picture? Is the deficiency—if it actually exists—a cause, effect, or a concomitant of the psychosis? With more accurate grading of the dosage could the pressor reaction be used as a pathognomonic diagnostic criterion between the schizophrenic and the normal subject? Is the reaction shared by other types of psychotics? What is the mechanism underlying the exaggerated reaction to cortical extract that is seen in the schizophrenic? What is the practical therapeutic value of the extract we are using? These problems are being investigated.

Studies on the Phytotoxic Index. II. Menstrual Toxin ("menotoxin"):

William Freeman and Joseph M. Looney, *Jour. Pharm. and Exper. Ther.* 52: 178, October, 1934.

In this study Macht's original technique was modified to eliminate certain sources of error and to check Macht's assertion that women in their menstrual periods have a toxin circulating in the blood. The modified technique was used on 22 normal, healthy women in their catamenia. One sample of blood from each was obtained on one of the first three days of the menstrual period and another sample two weeks later. No difference in the mean "phytotoxic index" of the two groups was obtained. In 13 subjects there was an increased intra-menstrual index

and in 9 instances there was a decreased intra-menstrual index. The conclusion arrived at was that normal healthy women do not show an increased phytotoxicity to the *Lupinus albus* seedling during their intra-menstrual cycle.

Cardiovascular System in Schizophrenia studied by the Schneider Method:

J. R. Linton, M. H. Hamelink, and R. G. Hoskins, *Arch. Neurol. and Psychiat.* 32: 712, October 1934.

The Schneider test that is alleged to measure cardiovascular fitness was administered to 25 members of the hospital staff and to 99 schizophrenic patients. The mean score of the patients was 11.9 and of the controls 13.4. Arbitrarily correcting the score of the patients in relation to the initial lower pulse rate would reduce their score to 11.3, a value 19 per cent below that of the controls. The pulse rates and the systolic blood pressure were slightly lower in the patients than in the controls, but the ranges among individuals were notably greater, as were also the Schneider scores. The different sub-types of schizophrenia showed substantially equal scores. The Schneider score indicates a significant lowering of physiological fitness in the schizophrenic patient but apparently mirrors the degree of physical activity rather more than the intrinsic degree of normality.

The Lactic Acid and Glutathione Content of the Blood of Schizophrenic Patients:

Joseph M. Looney and Hazel M. Childs, *Jour. Clin. Inves.* 13: 963, November 1934.

The theory that schizophrenia is due to a deficient oxidation of body tissues, particularly in the hypothalamic region of the brain, has been the starting point for a number of investigations. It has been shown that the rate of oxygen consumption of these patients is significantly lower than that of normal subjects and that the decreased intake of oxygen is not infrequently accompanied by lowering of the venous oxygen content of the blood. It has been shown that when normal individuals are subjected to a lower oxygen tension for a short time, they tend to react in a manner very similar to schizophrenic patients. It was felt that a study of the lactic acid content and also of the oxidative enzymes of the blood might shed further light on the problem. Even though sufficient oxygen were made available, a deficiency in the amount of glutathione which is a general cell catalyst that facilitates oxidation-reduction reactions might interfere with the utilization of this oxygen by the tissues and thus lead to an accumulation of lactic acid. Thirty-seven schizophrenic patients and 18 normal subjects were studied. The mean value for the lactic acid content for the venous blood of the patients was found to be 14.27 ± 0.72 mgm. per cent, while that for the control subjects was 10.28 ± 0.57 mgm. per cent. The mean of reduced glutathione for the patients was 34.99 ± 0.68 mgm. per cent, while that for the normal subjects was 38.23 ± 1.20 mgm. per cent. The authors state that they cannot consider that they have demonstrated a statistically significant lowering in the reduced glutathione of the patients. Since the lactic acid level was independent of the amount of oxygen supplied to the tissues, the high value must be ascribed to some local factor which interferes with oxidation. It was concluded that lactic acid is not removed from the tissues of schizophrenic patients in the basal state as readily as it is from normal subjects, and this failure may be due in part to a decrease in the content of reduced glutathione.

The Schizophrenic Personality with Special Regard to Psychologic and Organic Concomitants:

R. G. Hoskins and E. M. Jellinek, *Proceedings of the Association for Research in Nervous and Mental Disease*. December, 1933. Published 1934.

The Problem of Mental Disorder. Chapter XV. Psychological Avenues of Approach to Schizophrenia:

David Shakow. Publisher: McGraw, Hill. Editors: Madison Bentley and E. V. Cowdry. 1934.

The Problem of Mental Disorder. Chapter XI. Endocrinology:

R. G. Hoskins. Publisher: as above.

The Cyclopedia of Medicine. Chapter — Psychoses and the Internal Secretions. Pp. 549-579:

R. G. Hoskins. Publisher: F. A. Davis Co., Editor: Piersol, 1934.

The Cyclopedia of Medicine. Chapter — Endocrine Glands. Neuro-Endocrinology. Pp. 169-176:

R. G. Hoskins. Publisher: as above.

The last three articles represent Dr. Hoskins' views on the role of endocrinology in relationship to mental disorder and neurology. The article by Mr. Shakow depicts the role of psychology in the general attack on the problem of schizophrenia at this hospital.

In addition to the research activities represented in the above papers, certain other projects should be briefly discussed.

The necessity for considering the effects of institutionalization as such in evaluating our physiological studies has been discussed. Seasonal variations also need consideration. Dr. Looney has completed a study of the seasonal variation of blood cholesterol. A group of patients were individually tested at monthly intervals for over a year. It appeared that there is a statistically valid change in the cholesterol level at different times of the year. This information is of particular value to our group as we have been investigating the thyroid factor in schizophrenia for several years and the relationship of cholesterol metabolism to thyroid activity is receiving considerable attention by many workers at this time.

The increase in oxygen consumption by dinitrophenol resulted in no significant mental improvement in the patients. A possible explanation for this failure may be that the drug acts on liver and muscle metabolism whereas the defective oxidation in the schizophrenic patient presumably involves the brain.

There is a suggestion that the metabolic picture presented by schizophrenic patients may be due to defective functioning of the hypophysis. It has recently been claimed that pituitary insufficiency may be recognized by abnormal responses to the ingestion of a fatty meal. This hypothesis is being tested.

The possibility that schizophrenia may be due in part to defective metabolism of certain mineral salts such as calcium, phosphorus, and potassium is being investigated.

The ratio of albumin and globulin is being determined as part of an investigation of water metabolism.

The state of the circulatory apparatus is being further determined by studies of venous pressure and of rate of output of blood from the heart (minute-volume) in normal and schizophrenic subjects.

The "specific dynamic action of protein" has been under investigation in normal and schizophrenic subjects for the past six months. These studies are particularly difficult of evaluation because of the erratic nature of basal metabolic rates which form part of the experiment.

Comparative studies of the effect of exercise on the blood lactic acid of normal and schizophrenic subjects have followed the discovery by Looney that the lactic acid level of the schizophrenic is higher than that of the normal subject. The high lactic acid level indicates a failure of oxidation in the tissues, which may be due to the presence of an interfering substance or the absence of some necessary substance by which the oxidation processes are regulated. Studies are being continued on the blood serum as influencing biological oxidation, using cultures of vibrio phosphorus for the purpose.

Attempts are being made to isolate the active principle of the adrenal cortex preparation having a pressor effect on schizophrenic patients with two objectives in view, the ability to secure adequate supplies of potent inexpensive material and a more adequate determination of the metabolic effects of the product.

Further studies of the "galactose tolerance" are being made in an attempt to improve the technique. In previous studies we reported that the tolerance to this sugar was lowered in schizophrenic subjects. With our present technique quantitative studies are made on both blood and urine, reducing substances other than galactose being fermented off by the use of yeast. This new technique will give a much better comprehension of the metabolism of sugar than we have hitherto had in this psychosis.

An analysis of several factors which might influence the polyuria so frequently encountered in schizophrenia was completed and seemed to indicate a higher degree of emotional activity present in the patients showing polyuria.

An elaborate biometric analysis is being made on the large mass of accumulated basal metabolism data. This study is indicated for purposes of orientation and interpretation, both as regards individual subjects and as regards the psychosis itself. Excellent progress has been made on this investigation.

Drs. Leo Alexander and J. M. Looney made a substantial start on an investigation of effects of hydration and dehydration on the brain, which was suspended when Dr. Alexander left to assume a position in Boston. This study was partially subsidized by the Rockefeller Foundation.

Dr. Andras Angyal has concerned himself particularly with investigation of the mechanisms operative in the production of delusions and hallucinations. His excellent training both in psychology and psychiatry has already resulted in excellent contributions to this very difficult field.

The Biometrics Department has been very productive. The development of new methodologies or application of old methodologies to our special problems has been gratifying. These include the application of the "Chi Squared" method, an adaptation of Pearson's "Generalized Probable Error Method" for diagnostic purposes, and adaptation of the "Analysis of Variance" technic to our type of problem. A very important function of the department has been a critical analysis of several of the technical methodologies in use on the service. This has resulted in the elimination of certain of these methods which have been somewhat generally accepted by the medical profession. The department has evolved a biometric technic for the study of the *relationship* of functions in the individual patient as contrasted with defects in functions.

Somewhat elaborate studies upon experimental therapeutics have been carried out during the year under the immediate supervision of Dr. Hoskins. A variety of different substances has been administered to patients in the hope of finding some that would have a clean-cut influence upon the clinical picture. This represents the initial phase of the study. It is planned as potent agents become available to administer them to patients and make detailed studies of the effect throughout the metabolic, psychologic and psychiatric spheres. In the study thus far thyroid substance has seemed to be the most effective glandular preparation at our disposal. The study has two primary purposes, (a) to improve the treatment of schizophrenia, and (b) to throw further light upon the mechanism of the psychosis.

The following papers were presented during the year before medical societies. A total of 22 addresses was made during the year to various organizations:

December 13. — An Experimental Study of Hypnotically Induced Complexes.

Huston, Shakow and Erickson. Massachusetts Psychiatric Association, Boston

December 13. — Arm-to-carotid Circulation Time in Normal and Schizophrenic Individuals. H. Freeman. Massachusetts Psychiatric Association, Boston.

December 29. — The Schizophrenic Personality with Special Regard to Psychologic and Organic Concomitants. R. G. Hoskins and E. M. Jellinek. Association for Research in Nervous and Mental Diseases, New York.

March 29. — The Lactic Acid and Glutathione Content of the Blood of Schizophrenic patients. J. M. Looney and H. M. Childs. American Society of Biological Chemists, New York.

May 31. — An Investigation of Polyuria in Schizophrenia. F. H. Sleeper. American Psychiatric Association, New York.

May 31. — The Therapeutic Use of Dinitrophenol and Dinitro-Ortho-Cresol in Schizophrenia. J. M. Looney and R. G. Hoskins. American Psychiatric Association, New York.

June 4. — Organic Trends and Functional Integration in Schizophrenia. R. G. Hoskins and E. M. Jellinek. Psychopathic Association, Atlantic City, N. J.

June 12. — Dr. Hoskins served as Chairman of a "Panel Discussion of Endocrinology in Relation to Pediatrics," given before the American Academy of Pediatrics, Cleveland, Ohio.

October 26. — Chemical Factors in Personality — A Consideration of the Endocrine Glands. R. G. Hoskins. Judge Baker Guidance Center, Boston.

In addition to the projects now under way, an organized effort to investigate homeostasis seems indicated. The necessity for additional psychiatrists still obtains. To carry to completion certain projects which have been inaugurated will require the services of at least four thoroughly trained research psychiatrists. The type of psychiatrist we have in mind should receive salaries considerably higher than those in vogue in the state service. We hope financial aid will be forthcoming for this very essential part of our research program.

Psychology research activities are considered in the report of Mr. Shakow, Chief Psychologist, which is appended.

"Five hundred and twenty-two (522) Psychometric examinations were made on normal control subjects and 515 on schizophrenic patients during the year.

Two hundred and thirty-seven Experimental Procedures were conducted on normal control subjects and 499 on schizophrenic patients in the same period.

Among the major researches in progress the following might be mentioned:

(1) The response to the interruption of tasks in schizophrenia. An attempt is here made to discover the nature of the tension-systems established by schizophrenic subjects.

(2) The response to substituted activities in schizophrenia. A study closely associated with the previous one, in which an attempt is made to determine the nature of the tension release mechanisms in schizophrenia.

(3) The use of personality schedules in psychosis, especially schizophrenia. A critical investigation of the validity of personality schedules and the determination of the degree to which they might be of use in mental disease.

(4) The memory function in psychosis. A rather elaborate schedule of memory tests, an elaboration of the Wells Memory Test, given to various psychotic groups, schizophrenia included. A control group of about 500 normal subjects, male and female aged 20 to 90, have been obtained for comparative purposes.

(5) Repetition-choice in schizophrenia. An attempt to discover whether schizophrenics choose successful acts or unsuccessful (uncompleted) acts for repetition. The experiment is closely related to previously mentioned ones on the nature of the tension systems established by schizophrenics. Normal control material on adults and children is available.

(6) The theoretical significance of the Rorschach and some aspects of its application to psychosis. Various projects in the detailed study of the Rorschach are in process. One of these is an attempt to get at the theoretical significance of Rorschach responses. Another is the determination of the diagnostic value of the Rorschach test.

(7) Continuous reaction in schizophrenia. An attempt to measure the capacity for sustained activity of the schizophrenic. Various studies have shown that the schizophrenic is able to reach, in isolated instances, the level of the normal. Whether he is able to do so consistently is the purpose of this investigation.

(8) Restandardization of the K-S Clinical Formboard Series. This formboard series has shown itself to be of value in clinical work. Since its previous standardization is inadequate, an attempt is being made to obtain adequate norms for adults and more satisfactory norms for children.

(9) The attitude of long-hospitalized patients to the hospital. This work is being done with other diagnostic types as well as schizophrenics. An attempt is being made to determine the effect of long hospitalization (usually ten years or more) on their attitude towards the hospital, their psychosis, relatives, etc.

(10) The drawings of schizophrenic patients. Drawings by patients (mostly drawings of a man) have been accumulated for a number of years. On some patients there are a good many different drawings. These are being analyzed to determine the relationship to the psychotic picture, to diagnostic type, etc.

New apparatus added to our laboratory equipment were an electrically-controlled tachistoscope, a cardiograph, a further modified continuous-reaction apparatus, a "Phi" phenomenon apparatus, and a Young maze C. All these pieces were made in the laboratory shop, except for the amplifier on the cardiograph.

Plans for the coming year include the continued attack on the accumulated data in order to bring more of it into analyzed form. In this connection the Kent-Rosanoff studies in schizophrenia and the Stanford-Binet studies in psychosis should receive special mention. Continuation of the Luria, Rorschach, Interruption and Substitution studies are definitely indicated because of their distinct promise. Among projected studies might be mentioned one of schizophrenic thinking and speech.

WORCESTER CHILD GUIDANCE CLINIC

The work of the Worcester Child Guidance Clinic has continued in a general way the same as the previous year.

The standard of psychiatric service rendered has remained the same as during the preceding year.

Many older children who were early cases at the Clinic have come to the Clinic and their cases have been reopened. This has been done even though many of the children were adjusting well. The idea of evaluating our work and finishing any part of treatment still needed has been well received.

It is difficult to evaluate cases for success or failure, but I myself am convinced that most of our long-time treatment cases have received considerable benefit, measured in terms of their adjustments in life and mental health through the treatment in the Clinic.

The psychiatric treatment is always adjusted to fit the child. While most of the treatment is carried out in forma interviews, the method of seeing the child in his home or interviewing him while riding in a car is frequently used. Well along in treatment the child himself is allowed to determine the frequency with which interviews are to be held. We think this is a good plan in most cases.

The psychiatric service that it is possible to give the court cases is uncertain, first, because only a very small percentage of them come with any degree of cooperation on the parents' part, and second, because many of them are not seen until they are so seriously delinquent that they are at once committed. During the year an analysis was made of court cases covering a period of three years, and it was found that approximately fifty per cent of the court cases seen have been taken for treatment, or suggestions have been given in the social treatment of the child by other agencies, with the result that they have not as yet been committed to the reform school. This, I believe, is a considerably higher percentage than has occurred in any other juvenile court in the State. A part of this good record is accounted for however, by the fact that our probation officers do sometimes ask for an official report as though the boy were being considered for commitment when it would not be done did they not believe that the clinic would not recommend commitment.

The agencies have been most cooperative in helping the psychiatrists at the Clinic carry out intensive treatment in cases referred by them, and in carrying out suggestions made by the psychiatric and social departments that would help in this treatment. Among those that have been especially cooperative should be mentioned — The Associated Charities; the Board of Public Welfare; the Children's Friend Society; the Y.M.C.A.; the Worcester State Hospital; the Worcester District Nursing Society; Memorial Hospital; City Hospital; the Boston Children's Aid Society; and the New England Home for Little Wanderers.

Social Work Department

The social work department has two major tasks; first the carrying out of the psychiatric treatment on the Clinic cases, and second the training of our Smith and Simmons students. The student training situation has been most satisfactory during this year. The two students whose training period finished in June were both excellent students and we felt were well trained in Child Guidance Social Work when their period of training was finished. In September we admitted three new students, two from Simmons School for Social Work, and one from Smith School for Social Work. These girls are all fitting in very nicely with the Clinic and we feel will be of great help to us, as well as prove to be good students and develop into good social workers. The training of social workers is an important part of our task, first because it stimulates our own social workers to better work; second it helps the Clinic because the girls, after the first few weeks of training, are useful and efficient in social treatment; and third because the task of any Child Guidance Clinic is in part educational and the training of social workers helps to disseminate the things we may learn in the Clinic, that social workers, teachers and parents should know.

Psychological Department

In the Worcester Child Guidance Clinic, the psychologists, after a few months of orientation in Clinic procedure obtained while they are doing only testing of the children, are used in treatment of cases. Miss Grace Clark who has been with us

several years has spent most of her time this year, as she did last, in the treatment of special disabilities, especially reading disabilities and stuttering and stammering. Since these things are very frequently emotional manifestations, the treatment in many of these cases takes on the nature of straight psychiatric treatment. Miss Clark, we feel, has had a considerable measure of success in this work.

Mr. Charles Toy who has been with the Clinic for more than two years has functioned at a much higher level than a psychologist in training and has carried the treatment of a number of cases. He will resign February 1, 1935 to enter the study of medicine.

The statistical details of the work of the year are closely comparable to those of 1933, and about 400 cases were carried forward on the open case load. The plan for 1935, includes in its foundation the carrying on of the work of the Clinic as it has been done in previous years. Cases referred for psychiatric consultation, advice, recommendation, and treatment by the social agencies, medical and health agencies, schools, Juvenile Court, and the private physicians will be handled, and treatment of the psychiatric problems and family situations involved is the fundamental purpose of the Clinic program.

Certain groups of cases will be especially emphasized in the treatment work. There has been an increasing tendency toward the referral of very young children presenting subtle problems of personality malformation in fairly early stages. This is undoubtedly a result of the program of community education in relation to the foundations of mental health which has been carried on for the last few years by the Clinic as well as by other departments of the Worcester State Hospital. Dr. Julia Hill, Assistant Psychiatrist, is to carry the major responsibility for treatment work with these young children through the use of Play Technique. She finds that a comparatively small amount of psychiatric treatment of the child and interpretation to the parents of the formation of the mechanisms which have led to the child's problems yields gratifying results in healthy development in what might otherwise have been a diseased mind.

Members of the Social Work department have been asked for an increasing amount of consultation service they have given to Worcester social agencies employing non-psychiatrically trained social workers. This consultation consists in the guidance of work with severe adult personality problems in parents and in several instances has made it possible to avoid hospitalization where treatment by local psychiatrists was either not available to the social agency or not acceptable to the patient. The service of the members of the Social Work staff on the Difficult Case Committees of these agencies has brought us in touch with this service and has proved valuable. A special discussion group of mothers is planned by the Associated Charities of Worcester, to be led by the head social worker of the Clinic. The purpose of the course will be the discussion with the mothers of the problems they meet in the development and training of their children.

The community education program will continue as in earlier years. Large demands are made by the community for the help of the Clinic in furnishing speakers for meetings and in planning discussion groups. Every member of the staff participates in this program. Social work students are being trained for the Psychiatric course at the Smith School for Social Work and the Simmons School for Social Work. Because of the urgent need throughout the country for the training of people who will do professional work in Child Guidance and other Mental Hygiene programs, it is necessary for the Worcester Child Guidance Clinic to devote considerable time to the training not only of individual students in each department who spend some time in the Clinic, but also of workers in other agencies who wish to add an understanding of mental mechanisms to the work they are doing in other fields. The Worcester Clinic has accepted this responsibility and is frequently visited by people who come for short or long periods to learn about the work.

Respectfully submitted,

DOUGLAS A. THOM, M. D.

Director of the Division of Mental Hygiene

REPORT OF THE DIVISION OF MENTAL DEFICIENCY

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Mental Deficiency for the year ended November 30, 1934, is respectfully submitted.

The subjects listed below are discussed in this report:

- I. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools.
 - (a) Historical Sketch of Organization, 1914-1934.
 - (b) Primary Reasons for Cases Being Referred to School Clinics, 1934.
 - (c) Intellectual Status of First Examinations, 1934.
 - (d) Intellectual Status of Re-Examinations, 1934.
 - (e) Personnel of Clinics, 1934, by Institution.
 - (f) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1934.
 - (g) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1928-1934.
 - (h) Total Examinations, 1934, by Status of Recommendation.
 - (j) Total Examinations, 1926-1934, Inclusive, by Clinic.
 - (k) Total Towns Examined, 1926-1934, Inclusive, by Clinic.
 - II. Incidence of Retardation, 1934.
 - III. Research in Mental Deficiency.
 - IV. Publications.
 - V. Social Service Division.
 - (a) Community Supervision.
 - (b) Case Records.
 - (c) The Socialization of the Mental Defective.
 - VI. Analysis of Waiting Lists to All State Schools, 1934
 - VII. Recommendations.
- Graph I. Number of Clinic Examinations, 1915-1934.
 Graph II. Cumulative Graph of Clinic Examinations, 1915-1934.

I. TRAVELING PSYCHIATRIC SCHOOL CLINICS

(a) History

During the year 1934 the Division continued its supervision of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for twenty years, and have been State-wide in their function since 1921, or a period of thirteen years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverly School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, the late Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time, an adequate State-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, Commissioner of Education, took an active part in framing the law relating to retarded children and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the Legislature in 1922, and again in 1931. It now reads as follows:

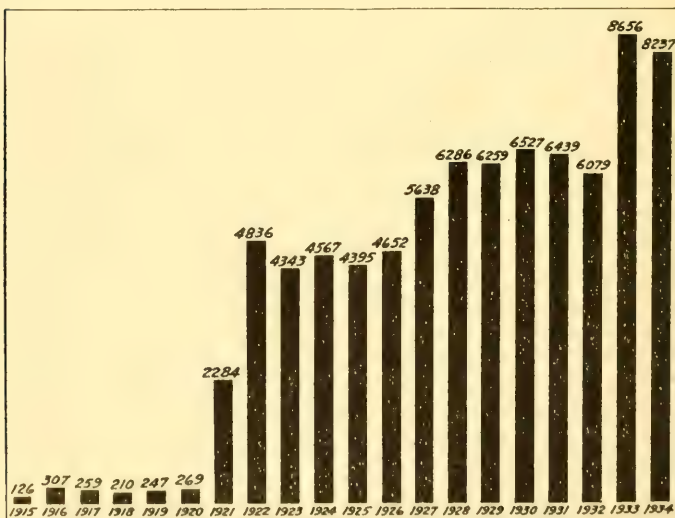
Chapter 71, section 46, General Laws, as amended by chapter 231, statutes of 1922, and chapter 358, statutes of 1931: — "The school committee of every town shall annually ascertain, *under regulations prescribed by the Department of*

Education and the Department of Mental Diseases, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year, the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. A child appearing to be mentally retarded in any less degree may, upon request of the superintendent of schools of the town where he attends school, be examined under such regulations as may be prescribed by the department of education and the department of mental diseases. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (*Approved May 26, 1931.*)"

It will be noted that radical changes in the school clinic law were effected during 1931. Heretofore, only those children three or more years retarded were eligible for examination. The new law states specifically "A child *appearing to be mentally retarded in any less degree may*, upon the request of the superintendent of schools of the town where he attends school, be examined under such regulations," etc. This permits the examination of two very important groups: (1) children retarded but one or two years in school work; and (2) children presenting various behavior problems which have been interfering with their school progress. This change is one of the most constructive moves ever made in our particular field. It makes possible the early examination and placement of a child showing retardation before he has progressed to the point that he is included in the classification of "three years retarded."

The Department of Education has outlined certain regulations dealing with examinations and special class provision. The first paragraph of these regulations applies in particular to the school clinics under the supervision of this Division. It reads as follows:

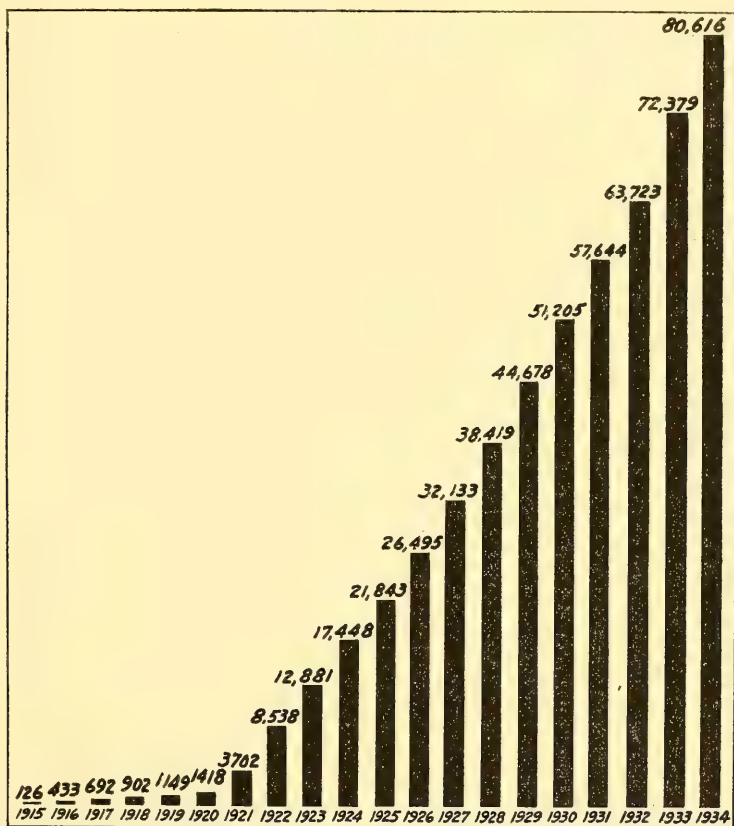
1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*



GRAPH I. — NUMBER OF SCHOOL CLINIC EXAMINATIONS, 1915-1934

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics. For the year 1933 also we note a substantial increase in the number of examinations due, of course, to the change in the law in 1931.

Graph II outlines the accumulation of examinations. It shows that a total of 80,616 examinations of retarded children have been conducted by the clinics during the twenty years of operation.



GRAPH II. — CUMULATIVE GRAPH OF SCHOOL CLINIC EXAMINATIONS, 1915-1934

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents, with clinic psychiatrists and clinic social workers, so that the service rendered by the clinics may best meet the varying needs of the school systems involved.

There has been a steady increase of interest throughout the State in the work which is being done by our traveling clinics. School superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization and, as such, can provide an examination which is wholly impersonal. In the past, parents of retarded children have been sometimes critical of the decisions made by the local school superintendent in reference to the placement of retarded children in special classes. Now they are proving to be less critical as they recognize that the decisions are based on very complete medical and psychiatric examinations by a clinic which is not a part of the local school organization.

TABLE I. — Primary Reason for Cases being Referred to School Clinics, * 1934, All Institutions

	Sex	Total		Retardation		School Problem		Behavior Problem		Physical Problem		Personality Difficulty		Social Problem		Others		Unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
First Examinations	Male	4,169	100.0	3,121	74.9	584	14.0	146	3.5	75	1.8	100	2.4	102	2.4	40	.9	1	.02
	Female	2,276	100.0	1,650	72.5	417	18.4	23	1.0	37	1.6	44	1.9	70	3.1	32	1.4	3	.1
	Both	6,445	100.0	4,771	74.0	1,001	15.5	169	2.7	112	1.7	144	2.2	172	2.7	72	1.1	4	.06
Re-Examinations	Male	1,278	100.0	1,074	84.1	78	6.1	19	1.5	22	1.7	22	1.7	13	1.0	49	3.8	1	.07
	Female	514	100.0	438	85.2	27	5.3	2	.4	12	2.3	3	.6	8	1.5	24	4.7	1	.05
	Both	1,792	100.0	1,512	84.4	105	5.8	21	1.2	34	1.9	25	1.4	21	1.2	73	4.0	2	.11
Total Examinations	Male	5,447	100.0	4,195	77.0	662	12.2	165	3.0	97	1.8	122	2.2	115	2.1	89	1.6	2	.03
	Female	2,790	100.0	2,088	74.8	444	15.9	25	.9	49	1.8	47	1.7	78	2.8	56	2.0	3	.10
	Both	8,237	100.0	6,283	76.3	1,106	13.4	190	2.3	146	1.8	169	2.0	193	2.3	145	1.8	5	.06

*The one outstanding reason is recorded in each case.

TABLE II. — Intellectual Status of 6,445 First Examinations by School Clinics for Year Ended November 30, 1934

INSTITUTION	Total			Mentally Defective			Borderline			Dull			Average or Normal			Superior			Diagnosis Deferred			Average I. Q.		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown	331	217	114	86	55	31	96	62	34	90	55	35	56	42	14	3	3	—	—	—	—	78	79	77
B. Psycho.	53	39	14	7	5	2	17	12	5	9	7	2	16	13	3	1	1	—	3	1	—	83	84	80
Boston State	319	198	121	38	13	25	115	73	42	84	54	30	54	44	10	4	3	1	24	11	13	81	83	76
Danvers	339	226	113	82	48	34	85	57	28	59	39	20	52	35	17	2	1	1	59	46	13	77	78	76
Roxborough	546	376	170	105	70	35	182	128	54	153	106	47	99	66	33	5	5	—	2	1	1	79	79	79
Gardner	282	179	103	42	22	20	69	50	19	77	47	30	83	53	30	9	6	3	2	1	1	84	84	83
Granton	1,350	763	587	54	30	24	178	103	75	334	199	135	632	357	275	122	61	61	30	13	17	92	92	93
Medford	249	152	97	121	69	52	4	3	1	15	12	3	5	3	2	1	1	—	103	64	39	64	63	62
Monson	203	138	65	78	55	23	40	25	15	5	5	—	5	2	3	1	1	—	74	50	24	67	67	66
Northampton	407	285	122	114	71	43	21	14	7	7	5	2	14	10	4	2	1	—	249	184	65	74	75	72
Taunton	243	164	79	81	47	34	86	63	23	56	42	14	20	12	8	—	—	—	—	—	—	74	75	72
W. E. Fernald	980	630	350	358	199	159	240	154	86	120	86	34	38	27	11	—	—	—	224	164	60	70	71	68
Westborough	62	41	21	20	14	6	14	11	3	9	5	4	8	4	4	2	1	1	9	6	3	76	74	80
Worcester	257	187	70	106	66	40	82	66	16	50	38	12	19	17	2	—	—	—	—	—	—	72	74	68
Wrentham	824	574	250	167	106	61	334	225	109	235	173	62	76	63	13	1	—	—	11	7	4	77	78	75
Total	6,445	4,169	2,276	1,459	870	589	1,563	1,046	517	1,303	873	430	1,177	748	429	153	84	69	790	548	242	79	79	79
Per cent.	100.0	100.0	100.0	22.6	20.9	25.9	24.2	25.1	22.7	20.2	20.9	18.9	18.3	17.9	18.9	2.4	2.0	3.0	12.3	13.2	10.6			

It is a standard practice for the psychiatrists of the traveling clinics to invite the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperate in this matter, and have come to a better understanding of their children when behavior problems and other difficulties are interpreted to them by the psychiatrist.

Superintendents of the various State Hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.

(b) Primary Reasons for Cases Being Referred to School Clinics, 1934:

All Institutions.

Prior to 1931, the law regulating the activities of the traveling school clinics specified definitely that children must be three or more years retarded before they could be examined. During 1931 a change in the law was effected which now makes it possible to examine children who show any lesser degree of retardation.

In Table I we present the primary reasons for cases being referred to our school clinics during the year 1934. Of the 8,237 children examined during the year, 76 per cent were referred because of retardation; 13 per cent because of some school problem; 2 per cent because of a behavior problem; 2 per cent because of social problems; 2 per cent were personality difficulties; and 1 per cent a physical problem. Roughly, 76 per cent of cases were referred because of retardation, and 24 per cent of cases because of other reasons. In the sexes we observe that the males show larger relative proportions in cases referred because of retardation, in behavior problems and in personality difficulties. The females show larger proportions in school problems and social problems. As is to be expected, retardation makes up a smaller proportion in first examinations, 74 per cent as contrasted with 84 per cent in the re-examinations. School problems make up 15 per cent of first examinations and but 5 per cent of re-examinations; behavior problems 2 per cent of first examinations and 1 per cent of re-examinations; personality difficulties 2 per cent of first examinations and 1 per cent of re-examinations; and social problems 2 per cent of first examinations and 1 per cent of re-examinations.

The variety of problems now being presented to the clinic shows the rapidly changing trend in the demands made upon our traveling school clinic. Formerly it was expected that all of our children would be referred to the clinic because of retardation. In fact, that was the primary reason for the creation of the clinics. Now we see that other problems are arising within the public schools and giving the educators serious concern. These, of course, are problems quite apart from retardation, although in some instances there is a combination of retardation and another type of problem. We see now that the clinics are offering a broader and more useful service to the public schools in that they are examining various school and behavior problems which are often the cause of such serious difficulties within the various school systems.

(c) Intellectual Status of First Examinations, 1934.

Table II records the intellectual status of first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table, it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 20.9 per cent were diagnosed as mentally defective (I.Q. 0-.69), while 25.9 per cent of the girls fell in this grouping. However, it will be noted that in the borderline and dull groups the males presented higher proportions than the females. Higher proportions of females are being diagnosed as mentally defective. The average I.Q. for both sexes, however, was .79. Apparently retardation in school work is more likely to be associated with mental defect among girls than boys. If we assume mental equality in the sexes, we may infer that school re-

TABLE III. — *Intellectual Status of 1,792 Re-Examinations by School Clinics, for Year Ended November 30, 1934*

INSTITUTION	Total		Mentally Defective 0-, 69		Borderline .70-.79		Dull .80-.89		Average or Normal .90-1.09		Superior 1.10+		Diagnosis Deferred		Average I. Q.		
	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	
Belchertown	213	145	68	75	41	34	99	74	25	8	11	10	1	—	72	.73	
B. Psychopathic	4	4	—	2	2	—	2	2	—	—	—	—	—	—	.67	.67	
Boston State	120	85	35	38	23	15	47	35	12	4	6	6	—	—	.73	.74	
Danvers	94	63	31	47	31	16	30	21	9	3	2	2	3	—	.68	.69	
Foxborough	96	67	29	33	20	13	40	30	10	3	8	5	3	—	.73	.74	
Gardner	36	30	6	13	11	2	15	13	2	2	2	2	—	—	.72	.72	
Grafton	206	141	65	23	11	12	52	35	17	7	18	16	2	1	.79	.81	
Medfield	92	63	29	61	41	20	—	—	—	—	—	—	—	—	.60	.60	
Monson	195	139	56	93	62	31	78	54	24	1	1	1	—	—	.68	.69	
Northampton	175	126	49	79	53	26	25	17	8	5	4	4	—	—	.65	.66	
Taunton	96	73	23	46	31	15	34	28	6	11	10	1	—	—	.70	.71	
W. E. Fernald	186	136	50	83	54	29	42	32	10	29	23	6	1	2	.71	.72	
Westborough	9	7	2	4	2	2	3	3	—	—	—	—	—	—	.66	.69	
Worcester	114	86	28	77	53	24	24	21	3	10	9	1	—	—	.66	.67	
Wrentham	156	113	43	51	35	16	48	37	11	32	15	9	1	—	.74	.75	
Total	1,792	1,278	514	725	470	255	539	402	137	50	83	73	10	208	147	.70	.72
Per cent	100.0	100.0	100.0	40.4	36.8	49.6	30.1	31.4	26.7	9.7	4.6	5.7	1.9	11.6	11.5	11.9	

tardation in girls is more commonly associated with the lower degrees of intellectual development. This is not necessarily so among the boys. They show school retardation associated with all degrees of intelligence, the high as well as the low.

In 12.3 per cent of first examinations the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. This conservatism means that there is little possibility of injustice being done to any child. If the psychiatrist doubts the mental status of the child, he defers his diagnosis and requests that the child return for another examination on the next visit of the clinic.

(d) *Intellectual Status of Re-Examinations, 1934.*

Table III records the intellectual status of all re-examinations, divided into intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases in which various factors suggest re-examination.

While 12.3 per cent of the first examinations resulted in the classification of "Diagnosis Deferred", we observe that in the re-examinations this proportion is only slightly reduced (11.6 per cent). This demonstrates again the conservatism of the clinic psychiatrist in making a diagnosis. It reveals that when the clinic heads are at all doubtful of the situation they are *unwilling to make a diagnosis even after two examinations* have been made. This is mentioned simply to answer any question which may arise as to the possibility of injustice being done to any child coming up for examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

TABLE IV. — *Personnel of Traveling School Clinics, by Institutions, for Year Ended November 30, 1934*

INSTITUTION	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST OR PSYCHOMETRIST	SOCIAL WORKER
Belchertown . .	Herbert L. Flynn, M.D.	Katherine R. Harris Catherine Burnham Viola M. Jones Edith B. James	Dorothy Peeso — Florence E. Armstrong and Staff —
Boston Psychopathic Boston State . .	Mary Palmer, M.D. Alberta S. Guibord, M.D.	Dorothy C. McLeod Kathleen C. Arnold Margaret Taylor Alice W. Schoenfuss Harriet Melzger Faith Kellogg Elizabeth C. Bail	Rebecca Russakoff and Students —
Danvers . . .	Edgar C. Yerbury, M.D. Doris M. Sidwell, M.D. Lois E. Taylor, M.D.	Beatrice N. Wolfson	—
Foxborough . .	Anne L. Clark, M.D.	Emaline L. Kelly Frances Allen Reed	Mary Aimee Morris Lillian R. Simon (s) Madeline C. Brade, (s) Lula P. Hayes Teresa Cotter Rhoda L. Smith Emma S. Lowe
Gardner . . .	Wm. A. Hunter, M.D. Janet S. Barnes, M.D.	Dorothy Roche	—
Grafton . . .	Anna C. Wellington, M.D.	Maryalys S. Parker Margaret Chapin Charlotte Foye Annie M. Heal Adelaide Proctor	—
Medfield . . .	George A. Troxell, M.D. Grace T. Cragg, M.D. Erel L. Guidone, M.D. Lucie G. Forrer, M.D. Calvert Stein, M.D.	—	—
Monson . . .	Elizabeth Kundert, M.D. Olga E. Steinecke, M.D.	—	—
Northampton . .	—	—	—
Taunton . . .	—	—	—
Westborough . .	Betsy Coffin, M.D.	—	—
Walter E. Fernald .	Esther S. B. Woodward, M. D.	Gertrude E. L. Stromwall Margaret Coolidge David Shakow Dorothea Fennell	—
Worcester . . .	Lonnie O. Farrar, M.D.	—	—
Wrentham . . .	Alice M. Patterson, M.D.	—	—

S—Students.

Noticeable sex differences are observed in Table III. Of the total re-examinations of boys, 36.8 per cent were diagnosed as mentally defective (I.Q. 0-.69), while 49.6 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeble-minded among the re-examinations than was noted in the first examinations. However, in the borderline, dull and average groups the males present higher proportions. These percentage distributions are reflected in the average intelligence quotient. The average I. Q. of boys re-examined was .72, while that of the girls was .68.

(e) *Personnel of Clinics, 1934, by Institutions*

In Table IV we present the names of the psychiatrists, psychologists and social workers connected with the various clinics during the year 1934. The Director not only wishes to express his appreciation to the clinic workers for the excellent way in which they have handled the work during the past year, but wishes to pass along to them some of the expressions of appreciation on the part of others. During the year the Director has spoken with many individual school superintendents, members of school boards and of the boards of selectmen of the various towns in which our work is being conducted. The appreciation of these officials for the work done for them is increasing year by year. The various workers connected with our clinics have met many difficult situations, but have handled the duties assigned them in a way to earn the praise and commendation of all concerned. The infinite variety of child problems coming up to the clinics presents a series of difficult questions for solution. The way in which these various problems have been met can only reflect credit on the clinic personnel.

The various clinics report annually to the Department the cost of operation during a one-year period. These costs include salaries, maintenance, expenses in the field, automobile expense, supplies, etc. The average cost of each examination for the year 1934 was found to be \$4.24.

(f) *Comparison between Intellectual Status of First Examinations and Re-examinations, 1934.*

Table V shows the percentage comparisons between the I.Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 22.6 per cent of the group were mentally defective, while in the re-examinations 40.4 per cent fell in this classification. We also note that the re-examinations present smaller percentages in the higher mental classifications. The average intelligence quotient of first examinations was .79, and that for re-examinations was .70 for both sexes.

TABLE V. — *Percentage Distribution of Intelligence Quotient Groupings of First Examinations and Re-Examinations, 1934, by Sex*

	Total	0-.69	.70-.79	.80-.89	.90-1.09	1.10+	Deferred	Mean Intelligence Quotient
Male	100.0	20.9	25.1	20.9	17.9	2.0	13.2	.79
Female	100.0	25.9	22.7	18.9	18.9	3.0	10.6	.79
Both sexes . .	100.0	22.6	24.2	20.2	18.3	2.4	12.3	.79

	Total	0-.69	.70-.79	.80-.89	.90-1.09	1.10+	Deferred	Mean Intelligence Quotient
Male	100.0	36.8	31.4	14.4	5.7	.2	11.5	.72
Female	100.0	49.6	26.7	9.7	1.9	.2	11.9	.68
Both sexes . .	100.0	40.4	30.1	13.1	4.6	.2	11.6	.70

Within both groups we see large numbers of females in the mentally defective classification. Among the first examinations the percentages feeble-minded are 20.9 for males and 25.9 for females; in the re-examinations the same relationships are observed: 36.8 for males and 49.6 per cent for females. We expect the lower grade cases to return for re-examination, but here we note that the females return in decidedly larger proportions than the males.

(g) *Comparison between Intellectual Status of First Examinations and Re-Examinations, 1928 — 1934, Inclusive*

Table VI presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928–1934, inclusive. While it is dangerous to generalize, we note that there appears to be an upward trend in the intelligence of cases coming up for first examination from 1928 to 1934. The startling increase in average I.Q. for 1933 is to be expected inasmuch as problem as well as retarded children were being referred for examination. Forty-three and eight-tenths per cent of first examinations were mentally defective in 1928; in 1929 this was diminished to 35.9 per cent; in 1931 it showed a decrease to 32.1 per cent; and in 1932, 1933 and 1934 still further decreases to 30.9, 23.9 and 22.6 per cent, respectively. The average I.Q. of the 1928 first examinations was .69. In 1929 this was raised to .73; in 1930 it fell one point to .72; but for the years 1931–1934, inclusive, it increased quite steadily, the average I.Q.'s being .73, .74, .79 and .79, respectively.

TABLE VI. — *Intellectual Status of First and Re-Examinations for the Years 1928–1934, Inclusive*
First Examinations

	Total	Mentally Defective 0-.69	Border-line .70-.79	Dull .80-.89	Average or Normal .90-1.09	Superior 1.10+	Diagnosis Deferred	Average I. Q.
1928 Number .	4,916	2,150	1,206	769	327	16	448	
Per cent .	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929 Number .	4,923	1,772	1,437	722	407	34	551	
Per cent .	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930 Number .	5,224	2,025	1,569	799	362	23	446	
Per cent .	100.0	38.7	30.0	15.2	6.9	.4	8.5	.72
1931 Number .	5,015	1,610	1,536	960	371	16	522	
Per cent .	100.0	32.1	30.6	19.2	7.4	.3	10.4	.73
1932 Number .	4,461	1,377	1,336	928	395	19	406	
Per cent .	100.0	30.9	29.9	20.8	8.9	.4	9.1	.74
1933 Number .	6,569	1,571	1,609	1,365	1,209	180	635	
Per cent .	100.0	23.9	24.5	20.8	18.4	2.7	9.7	.79
1934 Number .	6,445	1,459	1,563	1,303	1,177	153	790	
Per cent .	100.0	22.6	24.2	20.2	18.3	2.4	12.3	.79

Re-Examinations

1928 Number .	1,370	746	357	158	56	2	51	
Per cent .	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929 Number .	1,336	624	367	179	70	8	88	
Per cent .	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930 Number .	1,303	648	390	165	48	1	51	
Per cent .	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69
1931 Number .	1,424	664	430	208	38	1	83	
Per cent .	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69
1932 Number .	1,618	734	539	201	53	—	91	
Per cent .	100.0	45.4	33.3	12.4	3.3	—	5.6	.69
1933 Number .	2,087	973	588	290	97	3	136	
Per cent .	100.0	46.6	28.2	13.9	4.7	.1	6.5	.70
1934 Number .	1,792	725	539	234	83	3	208	
Per cent .	100.0	40.4	30.1	13.1	4.6	.2	11.6	.70

Among the re-examinations 54.8 per cent were mentally defective in 1928; in 1929 the proportion was 46.7 per cent; in 1930, 49.7 per cent; in 1931, 46.7 per cent; in 1932, 45.4 per cent; in 1933 an increase to 46.6 per cent; and in 1934 a drop to 40.4 per cent. The average I.Q. for 1928 was .66; for 1929, .70; for 1930, 1931 and 1932, .69 and for 1933 and 1934, .70. While it is difficult to judge from the results of seven years, we may see a suggestion here that the mental status of cases coming up for both first examination and re-examination tends to show an upward trend.

(h) *Total Examinations, 1934, by Status of Recommendation*

Table VII reveals that a total of 8,237 examinations were conducted by all clinics during the year 1934. Of these examinations 6,445 or 78.2 per cent were first examinations, and 1,792 or 21.7 per cent were re-examinations. The sex difference is noticeable in that 5,447 or 66.1 per cent of all examinations were males, and 2,790 or 33.8 per cent were females.

TABLE VII. — *Recommendations Made by Psychiatrists after Completion of School Clinic Examinations for Year Ended November 30, 1934*

INSTITUTIONS	TOTAL EXAMINATIONS											
	Total Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	544	362	182	199	144	55	76	40	36	269	178	91
Boston Psychopathic . . .	57	43	14	17	13	4	5	4	1	35	26	9
Boston State . . .	439	283	156	137	77	60	17	8	9	285	198	87
Danvers . . .	433	289	144	195	130	65	14	9	5	224	150	74
Foxborough . . .	642	443	199	211	144	67	14	8	6	417	291	126
Gardner . . .	318	209	109	99	73	26	9	2	7	210	134	76
Grafton . . .	1,556	904	652	257	146	111	13	7	6	1,286	751	535
Medfield . . .	341	215	126	157	100	57	6	4	2	178	111	67
Monson . . .	398	277	121	248	172	76	7	5	2	143	100	43
Northampton . . .	582	411	171	191	144	47	17	9	8	374	258	116
Taunton . . .	339	237	102	184	129	55	3	2	1	152	106	46
Walter E. Fernald . . .	1,166	766	400	598	390	208	60	33	27	508	343	165
Westborough . . .	71	48	23	22	16	6	2	2	—	47	30	17
Worcester . . .	371	273	98	176	123	53	18	14	4	177	136	41
Wrentham . . .	980	687	293	388	277	111	41	17	24	551	393	158
Total . . .	8,237	5,447	2,790	3,079	2,078	1,001	302	164	138	4,856	3,205	1,651
Per cent . . .	100.0	100.0	100.0	37.4	38.2	35.9	3.7	3.0	5.0	58.9	58.8	59.1

TABLE VII. — *Recommendations Made by Psychiatrists after Completion of School Clinic Examinations for Year Ended November 30, 1934 — Continued*

INSTITUTIONS	FIRST EXAMINATIONS											
	Total First Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	331	217	114	87	62	25	38	22	16	206	133	73
Boston Psychopathic . . .	53	39	14	15	11	4	4	3	1	34	25	9
Boston State . . .	319	198	121	78	39	39	6	2	4	235	157	78
Danvers . . .	339	226	113	131	87	44	12	7	5	196	132	64
Foxborough . . .	546	376	170	163	111	52	10	6	4	373	259	114
Gardner . . .	282	179	103	75	52	23	9	2	7	198	125	73
Grafton . . .	1,350	763	587	199	110	89	9	3	6	1,142	650	492
Medfield . . .	249	152	97	112	68	44	3	1	2	134	83	51
Monson . . .	203	138	65	105	70	35	4	3	1	94	65	29
Northampton . . .	407	285	122	121	94	27	11	6	5	275	185	90
Taunton . . .	243	164	79	128	86	42	2	1	1	113	77	36
Walter E. Fernald . . .	980	630	350	496	313	183	41	24	17	443	293	150
Westborough . . .	62	41	21	19	13	6	1	1	—	42	27	15
Worcester . . .	257	187	70	118	83	35	11	9	2	128	95	33
Wrentham . . .	824	574	250	309	216	93	28	13	15	487	345	142
Total . . .	6,445	4,169	2,276	2,156	1,415	741	189	103	86	4,100	2,651	1,449
Per cent . . .	100.0	100.0	100.0	33.5	33.9	32.6	2.9	2.5	3.8	63.6	63.6	63.6

We observe that 2,156 or 33.5 per cent of the total first examinations were recommended for special classes: 33.9 per cent of male and 32.6 per cent of female first examinations. One hundred eighty nine or 2.9 per cent of the total first

TABLE VII. — *Recommendations Made by Psychiatrists after Completion of School Clinic Examinations for Year Ended November 30, 1934* — Concluded

INSTITUTION	RE-EXAMINATIONS											
	Total Re-Examinations			Recommended for Special Classes			Recommended for Institutional Care			Other Recommendations		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown	213	145	68	112	82	30	38	18	20	63	45	18
Boston Psychopathic	4	4	—	2	2	—	1	1	—	1	1	—
Boston State	120	85	35	59	38	21	11	6	5	50	41	9
Danvers	94	63	31	64	43	21	2	2	—	28	18	10
Foxborough	96	67	29	48	33	15	4	2	2	44	32	12
Gardner	36	30	6	24	21	3	—	—	—	12	9	3
Grafton	206	141	65	58	36	22	4	4	—	144	101	43
Medfield	92	63	29	45	32	13	3	3	—	44	28	16
Monson	195	139	56	143	102	41	3	2	1	49	35	14
Northampton	175	126	49	70	50	20	6	3	3	99	73	26
Taunton	96	73	23	56	43	13	1	1	—	39	29	10
Walter E. Fernald	186	136	50	102	77	25	19	9	10	65	50	15
Westborough	9	7	2	3	3	—	1	1	—	5	3	2
Worcester	114	86	28	58	40	18	7	5	2	49	41	8
Wrentham	156	113	43	79	61	18	13	4	9	64	48	16
Total	1,792	1,278	514	923	663	260	113	61	52	756	554	202
Per cent	100.0	100.0	100.0	51.5	51.9	50.6	6.3	4.8	10.1	42.2	43.3	39.3

examinations were recommended for placement within an institution: 2.5 per cent of males and 3.8 per cent of females. Of the total re-examinations, we note that 51.5 per cent were recommended for special classes: 51.9 per cent of male and 50.6 per cent of female re-examinations. In other words, considering both of these groups together, that is, first examinations and re-examinations, we observe that *3,079 children were recommended for special class care in Massachusetts during a single school year.* As the total in special classes in the towns having a first examination in 1934 is now 5,169, we can see the great need for additional special class provision.

One hundred thirteen or 6.3 per cent of the total re-examinations were recommended for placement within an institution: 4.8 per cent of all male and 10.1 per cent of all females re-examinations.

There are several interesting sex differences demonstrated in Table VII. In the total children coming up for examination the boys outnumber the girls in approximately a 2:1 ratio. Considering first examinations only, the ratio is approximately 2:1. In re-examinations the boys show a decidedly higher proportion, the ratio being 2.4:1. In the total number recommended for special classes the sex ratio is approximately 2:1. It has been suggested that conduct in boys plus mental retardation may be the reason for the large numbers being referred for examination, or the 2:1 ratio. However, the still smaller number of boys recommended for admission to State schools interferes with the acceptance of conduct as the deciding factor. We know that conduct is the principal factor in creating an urgency for admission to a State school. Yet, relatively fewer boys are recommended for institutions. This forces the consideration of other factors. We may assume that environmental and social stresses are practically the same for both sexes. With conduct and environment ruled out of consideration, we are forced to turn to other possibilities. There appears to be some factor in the personality or adaptability of males which renders difficult their adjustment to the school curriculum. There is another possibility of course, that the school curriculum or the scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, we may say that boys find it more difficult to adjust to the life period spent in the public schools and become retarded in school work in approximately a 2:1 ratio as compared with girls.

TABLE VIII. — *Total School Clinic Examinations Conducted for the Years 1926-1934 Inclusive, by Institution*

INSTITUTION	1926	1927	1928	1929	1930	1931	1932	1933	1934
Belchertown	—	—	251	114	474	522	401	846	544
Boston Psychopathic	271	121	141	130	81	126	113	200	57
Boston State	355	527	441	502	454	397	410	527	439
Danvers	162	132	176	255	338	343	324	425	433
Foxborough	300	431	303	485	375	445	515	612	642
Gardner	122	58	125	164	107	125	261	343	318
Grafton	66	—	343	327	240	384	295	1,369	1,556
Medfield	70	298	510	419	239	322	360	234	341
Monson	384	398	225	395	494	439	304	514	398
Northampton	708	876	1,000	581	769	523	443	697	582
Taunton	90	230	360	292	324	353	309	335	339
Walter E. Fernald	1,411	1,413	1,492	1,518	1,602	1,438	1,355	1,284	1,166
Westborough	—	26	85	—	34	78	117	78	71
Worcester	110	402	197	300	114	37	265	293	371
Wrentham	603	726	637	777	882	907	607	899	980
Total	4,652	5,638	6,286	6,259	6,527	6,439	6,079	8,656	8,237

(j) *Total Examinations, 1926-1934, by Clinic*

Table VIII outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926-1934, inclusive. In considering these last nine years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic. The traveling clinic of this institution has conducted over 1,100 examinations each year, or a total of 12,679 cases for the nine years. The clinic of the Wrentham State School is second with 7,018 examinations; the clinic of the Northampton State Hospital is third with a total of 6,179 examinations during this period; Grafton is fourth, with 4,580 cases; Foxborough State Hospital is fifth, with 4,108 examinations; and Boston State Hospital is sixth with 4,052 examinations. The foregoing clinics are to be particularly commended for their activities, inasmuch as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

In comparing the number of examinations for the two years 1933 and 1934, we notice increases for the following clinics: Danvers, Foxborough, Grafton, Medfield, Taunton, Worcester and Wrentham.

TABLE IX. — *Number of Towns in Which School Clinics were Conducted, 1926-1934, Inclusive*

INSTITUTION	TOTAL TOWNS EXAMINED DURING YEAR								
	1926	1927	1928	1929	1930	1931	1932	1933	1934
Belchertown	—	—	4	4	4	7	6	26	20
Boston Psychopathic	1	1	1	1	1	1	1	2	2
Boston State	2	3	2	2	2	2	2	2	2
Danvers	7	9	7	15	15	9	10	18	13
Foxborough	7	13	14	12	13	15	16	17	21
Gardner	11	9	12	8	13	9	9	12	19
Grafton	2	—	10	11	10	17	11	20	18
Medfield	2	5	7	7	2	7	10	10	10
Monson	4	4	3	4	3	6	6	7	7
Northampton	40	34	36	28	6	18	20	18	24
Taunton	4	19	15	17	15	20	16	20	25
Walter E. Fernald	18	25	24	24	26	24	20	18	21
Westborough	—	1	3	—	1	2	4	3	4
Worcester	5	26	7	24	15	4	25	21	31
Wrentham	10	13	11	11	13	13	10	12	15
Total	113	162	156	168	139	154	166	206	232

(k) *Total Towns Examined, 1926-1934*

Table IX gives the number of towns in which clinics were conducted during 1934. Between 1926 and 1934 the total number of towns in which examinations

TABLE X. — Towns in Which First Examinations of Retarded Children Were Held during 1934; School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic and Town

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6)						(7)			(8)		(9) 6+7+8 (10) 6 ÷ 2 ÷ 2			(11) 7+ ÷ 2	
CLINIC AND TOWN	School Population, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popula- tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS DIAGNOSIS										PER CENT OF SCHOOL POPULATION, 1934					Diagnosed as not Mentally Defective (Retarded.)
					MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED			Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.					
					T.	M.	F.	T.	M.	F.	T.	M.	F.							
Belchertown Total	23,646	16	289	1.22	86	55	31	249	164	85	14	11	3	1.47	.36	1.11				
Chesterfield	60	-	-	-	2	2	-	1	1	-	-	-	-	5.00	3.33	1.67				
Conway	167	-	-	-	1	1	-	1	1	-	-	-	-	1.19	.59	.60				
Dalton	652	-	-	-	4	2	2	8	7	1	-	-	-	1.84	.61	1.23				
East Longmeadow	587	1	14	2.38	1	1	1	1	1	-	-	-	-	.34	.17	.17				
Greenfield	1,969	2	29	1.47	6	5	1	15	9	6	-	-	-	1.06	.30	.76				
Hadley	623	1	13	2.08	8	5	3	32	15	17	-	-	-	6.42	1.28	5.14				
Hampden	114	-	-	-	-	-	-	3	3	-	-	-	-	2.63	-	2.63				
Hinsdale	200	-	-	-	-	-	-	1	1	-	-	-	-	.50	-	.50				
Holyoke	5,709	6	125	2.18	36	23	13	80	56	24	5	4	1	2.11	.63	1.48				
Northampton	2,728	1	10	.36	8	3	5	29	19	10	9	7	2	1.68	.29	1.39				
Pittsfield	7,682	2	47	.61	7	4	3	30	16	14	-	-	-	.48	.09	.39				
Deerfield	534	-	-	-	1	1	-	-	-	-	-	-	-	.18	.18	-				
South Hadley	1,068	1	17	1.59	5	3	2	23	16	7	-	-	-	2.62	.47	2.15				
Sunderland	251	-	-	-	4	3	1	15	4	1	-	-	-	1.99	-	1.99				
Ware	792	1	18	2.27	4	3	1	15	13	2	-	-	-	2.39	.50	1.89				
Wilbraham	429	1	16	3.72	1	1	1	3	1	2	-	-	-	.93	.23	.70				
Worthington	81	-	-	-	2	1	1	2	2	-	-	-	-	4.93	2.46	2.47				
Boston Psychopathic Total	384	-	-	-	7	5	2	43	33	10	3	1	2	-	-	-				
Boston	-	-	-	-	7	5	2	14	11	3	1	1	1	-	-	-				
North Reading	384	-	-	-	-	-	-	29	22	7	2	4	1	8.07	-	8.07				
Boston State Total	20,667	14	196	.94	38	13	25	257	174	83	24	11	13	1.54	.18	1.36				
Everett	7,449	6	90	1.20	19	5	14	95	63	32	5	3	2	1.59	.25	1.34				
Somerville	13,218	8	106	.80	19	8	11	162	111	51	19	8	11	1.51	.14	1.37				
Danvers	33,275	18	363	1.09	82	48	34	182	123	59	58	45	13	.96	.24	.72				
Amesbury	864	2	44	5.09	7	5	2	9	4	5	1	1	-	1.96	.81	1.15				

TABLE X. — *Towns in Which First Examinations of Retarded Children Were Held during 1934: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Clinic and Town — Continued*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6)								(7)				(8)				(9) 6+7+8 (10) 6 ÷ 2 (11) 7+8 ÷ 2			
CLINIC AND TOWN	School Popu-lation, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent-age of Popu-lation in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS								PER CENT OF SCHOOL POPULATION, 1934											
					MENTALLY DEFECTIVE				NOT MENTALLY DEFECTIVE				DEFERRED				Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded.)					
					T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.								
Andover	1,136	2	33	2.90	11	7	4	14	12	2	1	1	—	2.28	.96	1.32								
Beverly	3,068	3	38	1.23	5	1	4	16	14	2	3	3	—	.78	.16	.62								
Billerica	1,253	—	—	—	3	1	2	20	13	7	16	11	5	3.11	.24	2.87								
Dracut	1,218	1	14	1.14	9	5	4	5	5	—	3	3	—	1.39	.74	.65								
Essex	179	—	—	—	—	—	—	8	4	4	1	1	—	5.02	—	5.02								
Haverhill	5,671	3	74	1.30	2	1	1	15	8	7	4	4	—	.37	.03	.34								
Ipawich	1,045	—	—	—	2	1	1	—	—	—	1	1	—	.28	.19	.09								
Lawrence	8,350	1	83	.99	3	1	2	—	—	—	1	—	—	.04	.03	.01								
Manchester	363	—	—	—	—	—	—	12	8	4	1	1	—	3.58	—	3.58								
Marblehead	1,241	—	—	—	2	—	2	—	—	—	—	—	—	.16	—	—								
Methuen	2,814	1	16	.56	12	10	2	45	27	18	11	8	3	2.41	.42	1.99								
Newburyport	1,485	—	—	—	21	15	6	25	19	6	8	5	3	3.63	1.41	2.22								
Rockport	437	1	15	3.43	—	—	—	2	2	2	—	—	—	.45	—	.45								
Saugus	2,584	2	23	.89	1	1	—	4	4	2	—	—	—	.19	.04	.15								
Hamilton	296	—	—	—	—	—	—	1	1	1	—	—	—	.33	—	.33								
Swampscott	1,271	2	23	1.80	4	—	4	6	4	2	7	7	—	1.33	.31	1.02								
Foxborough																								
Total	23,147	15	215	.92	99	66	33	428	297	131	2	1	1	2.28	.42	1.86								
Bellingham	605	—	—	—	5	4	1	5	4	1	—	—	—	1.65	.82	.83								
Braintree	2,889	3	43	1.48	21	14	7	75	56	19	—	—	—	3.32	.73	2.59								
Bridgewater	1,220	2	40	3.27	4	3	1	19	10	9	—	—	—	1.88	.32	1.56								
Canton	598	—	—	—	—	—	—	3	3	—	—	—	—	.50	—	.50								
Cohasset	451	1	7	—	6	4	2	5	5	—	—	—	—	2.43	1.33	1.10								
East Bridgewater	651	1	12	1.84	1	—	1	9	6	3	—	—	—	1.53	.15	1.38								
Foxborough	774	—	—	—	5	4	1	48	32	16	—	—	—	1.42	.64	.78								
Hingham	991	—	—	—	5	5	—	6	4	2	—	—	—	5.34	.50	4.84								
Hull	390	—	—	—	1	1	1	18	7	11	—	—	—	4.87	.26	4.61								
Mansfield	1,062	1	17	1.60	3	2	3	1	1	1	—	—	—	.37	.28	.09								
Mendon	186	—	—	—	3	3	—	—	—	—	—	—	—	1.61	1.61	—								
Milton	2,546	1	17	.66	8	5	3	57	36	21	2	1	1	2.63	.31	2.32								

Needham	2,000	1	12	.60	3	2	1	11	11	-	-	-	-	-	.70	.15	.55
Plainville	241	-	-	-	1	1	4	43	31	-	-	-	-	-	.41	.42	7.76
Sharon	554	-	16	1.43	4	4	1	12	8	4	-	-	-	-	8.48	.72	1.07
Stoughton	1,115	-	17	1.32	4	4	3	31	19	12	-	-	-	-	2.73	.36	2.42
Walpole	1,281	-	1	-	3	1	2	25	21	4	-	-	-	-	1.40	.15	1.25
Wellesley	1,990	-	5	.88	3	11	2	45	33	12	-	-	-	-	1.76	.39	1.37
Weymouth	3,290	2	29	-	5	2	3	15	10	5	-	-	-	-	6.38	1.59	4.79
Wrentham	313	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gardner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	12,589	4	48	.38	42	22	20	238	156	82	2	1	1	1	2.24	.33	1.91
Ashburnham	329	-	-	-	-	-	-	2	2	2	-	-	-	-	.60	-	.60
Ashty	130	-	-	-	3	2	1	4	2	2	-	-	-	-	5.38	2.31	3.07
Attol	1,679	1	18	1.07	2	1	1	10	8	2	-	-	-	-	.71	.12	.59
Barre	621	-	-	-	3	2	1	1	1	-	-	-	-	-	.64	.48	.16
Bernardston	166	-	-	-	-	-	-	1	1	-	-	-	-	-	.60	-	.60
Erving	230	-	-	-	1	-	1	8	7	1	-	-	-	-	3.91	.43	3.48
Fitchburg	3,548	2	12	.33	12	8	4	137	87	50	1	1	1	1	4.22	.33	3.89
Gardner	1,795	-	6	-	2	2	6	14	8	6	-	-	-	-	4.22	.44	.78
Gill	171	-	-	-	1	-	1	2	2	1	-	-	-	-	1.75	.58	1.17
Hardwick	274	-	-	-	1	-	1	2	1	1	-	-	-	-	1.09	.36	.73
Leverett	129	-	-	-	1	-	1	1	1	1	-	-	-	-	1.55	.77	.78
Lunenburg	360	-	-	-	4	1	3	1	1	1	-	-	-	-	1.38	1.11	.27
Northfield	301	-	-	-	1	1	-	3	3	-	-	-	-	-	.99	-	.99
Orange	737	1	18	2.44	1	1	-	35	22	13	1	1	1	1	5.02	.14	4.88
Petersham	117	-	-	-	1	1	1	2	2	-	-	-	-	-	2.56	.85	1.71
Shutesbury	36	-	-	-	1	1	-	2	1	1	-	-	-	-	8.33	2.78	5.55
Templeton	612	-	-	-	-	-	-	2	4	1	-	-	-	-	.32	-	.32
Townsend	285	-	-	-	-	-	-	4	3	1	-	-	-	-	1.40	-	1.40
Winchendon	1,069	-	-	-	3	1	2	7	4	3	-	-	-	-	.93	.28	.65
Grafton	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	17,710	13	178	1.00	52	29	23	1,213	692	521	29	13	16	16	7.30	.29	7.01
Bedford	369	-	-	-	1	-	1	47	23	24	2	1	1	1	13.55	.27	13.28
Belmont	3,684	2	33	.89	1	-	1	36	21	15	2	1	1	1	1.05	.02	1.03
Bolton	111	-	-	-	-	-	-	17	12	5	-	-	-	-	15.31	-	15.31
Carlisle	98	-	-	-	-	-	-	7	5	2	-	-	-	-	7.14	-	7.14
Concord	877	-	9	1.02	4	3	1	166	101	65	1	-	-	-	19.49	.45	19.04
Grafton	990	1	14	1.41	6	6	2	106	64	42	10	3	7	7	12.32	.60	11.72
Groton	345	1	-	-	3	1	2	84	42	42	3	-	-	-	25.21	.87	24.34
Hudson	961	1	11	1.14	4	1	3	13	8	5	-	-	-	-	1.76	.41	1.35
Lancaster	325	-	-	-	-	-	-	16	8	8	-	-	-	-	4.92	-	4.92
Leicester	2,668	2	27	1.01	6	2	4	186	114	72	6	1	5	5	7.42	.22	7.20
Lexington	1,869	3	51	2.72	4	3	1	267	140	127	3	1	2	2	14.66	.21	14.45
Littleton	178	-	-	-	-	-	-	23	12	11	-	-	-	-	12.92	.21	12.92
Maynard	1,003	-	-	-	5	2	3	20	11	9	-	-	-	-	2.49	.50	1.99
Natick	2,291	-	-	-	2	2	-	92	52	40	-	-	-	-	5.14	.09	4.01
Northbridge	1,478	1	28	1.22	2	2	5	62	36	26	2	2	2	2	4.81	.81	4.33
Northbridge	2,291	1	5	.33	12	7	1	35	18	17	2	2	2	2	21.22	.55	20.67
Stow	179	-	-	-	1	1	1	36	25	11	1	1	-	-	14.08	1.05	13.03
Upton	284	-	-	-	3	2	1	36	25	11	1	1	-	-	-	-	-
Medfield	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	17,421	20	308	1.76	112	64	48	8	4	4	100	64	36	36	1.26	.64	.62
Medfield	312	-	131	1.40	82	48	34	-	-	-	6	4	2	2	2.88	.96	1.92
Medford	9,307	9	-	-	-	-	-	-	-	-	56	36	20	20	1.48	.88	.60

TABLE X. -- Towns in Which First Examinations of Retarded Children Were Held during 1934: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded by Clinic and Town -- Continued

(1) CLINIC AND TOWN	(2) School Population, Grammar Grades.	(3) Number of Special Classes.	(4) Number of Children in Special Classes.	(5) 4 ÷ 2 Percentage of School Population in Special Classes.	(6) (7) (8)						(9) 6+7+8 ÷ 2 (10) 6 ÷ 2 (11) 7+8 ÷ 2		
					FIRST EXAMINATIONS BY TRAVELING CLINICS						PER CENT OF SCHOOL POPULATION, 1934		
					MENTALLY DEFECTIVE		NOT MENTALLY DEFECTIVE		DEFERRED		Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded.)
					T.	M.	F.	T.	M.	F.			
Melrose	2,883	3	53	1.83	10	6	4	2	1	1	90	.35	.55
Millis	374	-	-	-	7	4	3	-	-	-	2.40	1.87	.53
Norfolk	213	-	-	-	1	-	1	-	-	-	1.40	.46	.94
Norwood	2,187	3	48	2.19	1	-	1	6	3	3	.32	-	.32
Westwood	317	-	-	3.47	1	-	1	-	-	-	1.89	.31	1.58
Winchester	1,828	4	65	3.55	8	5	3	-	-	-	1.20	.44	.76
Monson	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	16,281	19	300	1.84	78	55	23	51	33	18	1.24	.48	.76
Agawam	1,460	2	44	3.01	11	9	2	5	1	4	1.84	.75	1.09
Chicopee	5,454	6	79	1.44	17	12	5	2	2	2	.60	.31	.29
Longmeadow	822	-	-	-	-	-	-	-	-	-	-	-	.60
Ludlow	1,614	2	32	1.98	18	12	6	4	3	1	16	.9	.7
Palmer	1,531	2	34	2.22	14	10	4	15	10	5	2.35	1.11	1.24
Westfield	2,821	3	50	1.77	13	9	4	19	14	5	1.95	.91	1.04
West Springfield	2,579	4	61	2.36	5	3	2	2	1	1	1.87	.46	1.41
Northampton	-	-	-	-	-	-	-	-	-	-	.65	.19	.46
Total	8,446	11	179	2.11	114	71	43	40	28	12	4.60	1.35	3.25
Adams	1,667	1	13	.77	33	21	12	4	1	3	3.41	1.97	1.44
Becket	111	-	-	-	11	5	6	6	6	-	3.60	.90	2.70
Buckland	207	-	-	-	11	5	6	6	6	-	13.04	5.31	7.73
Charlmont	114	-	-	-	4	4	-	-	-	-	7.89	3.51	4.38
Cheshire	255	-	-	-	4	-	-	-	-	-	1.56	.42	1.56
Chester	240	-	-	-	-	-	-	-	-	-	1.25	.83	.83
Colrain	255	-	-	-	1	1	-	1	-	1	.39	-	-
Florida	82	-	-	-	7	5	2	-	-	-	28.04	8.53	19.51
Hancock	61	-	-	-	1	1	1	-	-	-	1.63	1.63	-
Heath	79	-	-	-	2	2	2	-	-	-	2.53	2.53	-
Lee	512	1	18	3.51	20	12	8	2	2	-	10.35	3.91	6.44
Monroe	49	-	-	-	-	-	-	3	3	-	18.36	-	18.36
Montague	1,272	2	38	2.98	4	4	-	1	1	-	3.69	.31	3.38

Monterey	38	6	12	161	81	47	34	162	117	45	1	6	1	1	1	17	13.15	7.89	5.26
North Adams	2,555	89	10	161	105	3	3	10	10	2	62	2	1	45	39	3.28	2.98	2.89	
Otis	67	3.48	2	18	5	4	1	10	6	1	1	1	1	1	5.55	4.47	1.49	1.49	
Rowe	36	—	1	20	3	2	1	8	5	1	4	1	2	2	5.55	17.07	2.44	14.63	
Savoy	41	—	—	304	1	1	—	6	7	4	21	1	4	14	2.80	16.35	2.80	13.55	
Shelburne	214	—	—	898	6	3	2	8	7	1	7	1	7	7	1.01	2.19	1.01	1.18	
Williamstown	591	21	1	—	6	3	2	—	—	—	—	—	—	—	—	—	—	—	
Taunton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	13,248	—	12	161	81	47	34	162	117	45	1	6	1	1	1	17	13.15	7.89	5.26
Berkley	243	1.21	10	10	5	4	1	10	6	1	1	1	1	1	1	1	1.83	.61	1.22
Carver	232	7.75	1	18	3	2	1	8	5	2	—	—	—	—	—	—	6.17	2.06	4.11
Dighton	609	3.28	1	20	2	1	1	6	7	1	—	—	—	—	—	—	4.74	1.29	3.45
Duxbury	304	—	—	898	1	1	—	3	5	1	—	—	—	—	—	—	1.31	.33	.98
Easton	898	1.22	1	11	1	3	—	9	7	4	—	—	—	—	—	—	2.06	.33	2.63
Farhaven	1,605	—	1	18	11	10	—	5	1	4	—	—	—	—	—	—	1.33	.33	1.00
Freestown	332	3.01	1	10	2	1	1	12	6	6	—	—	—	—	—	—	1.43	.68	.75
Halifax	129	—	—	18	2	1	1	12	6	6	—	—	—	—	—	—	1.20	.60	.60
Halifax	129	—	—	18	2	1	1	12	6	6	—	—	—	—	—	—	1.20	.60	.60
Hanover	495	—	—	2	4	2	5	17	8	4	—	—	—	—	—	—	12.40	3.10	9.30
Hanson	371	—	—	7	3	2	2	1	11	6	—	—	—	—	—	—	4.84	1.41	3.43
Kingston	356	—	—	1	1	1	1	1	3	—	—	—	—	—	—	—	1.07	.80	.27
Lakeville	218	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.85	.74	1.11
Mattapoisett	270	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.13	.32	.81
Middleboro	1,235	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.40	.47	.93
Norwell	214	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13.51	1.35	12.16
Plympton	74	.67	1	9	1	1	1	9	5	4	—	—	—	—	—	—	1.74	.30	.44
Randolph	1,337	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.69	.84	.85
Raynham	354	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.83	.21	.21
Rehoboth	465	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.64	.43	.50
Scituate	603	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.66	.16	.63
Seekonk	945	1.45	1	14	4	4	3	6	2	4	—	—	—	—	—	—	1.05	.42	.63
Wareham	974	5.33	4	52	13	6	7	16	2	5	—	—	—	—	—	—	2.97	1.33	1.64
Whitman	985	.91	1	9	1	1	—	5	5	—	—	—	—	—	—	—	.60	.10	.50
Walter E. Fernald	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	110,940	2,215	119	2,215	358	199	159	412	275	137	224	137	224	164	60	60	.89	.32	.57
Acushnet	645	1.99	1	13	9	6	3	8	7	1	3	7	3	3	1	1	3.10	1.39	1.71
Chilmark	34	2.01	—	22	2	—	1	2	2	1	1	1	1	1	1	1	11.76	2.94	8.82
Danvers	1,708	1.28	2	22	2	—	2	3	2	6	1	6	1	1	1	1	.52	.11	.11
Edgartown	178	8.42	1	470	45	2	22	19	12	7	22	12	20	20	2	2	3.37	1.12	2.35
Fall River	13,642	3.44	20	60	67	45	22	19	3	9	14	9	14	10	4	4	2.90	.83	2.76
Falmouth	1,204	4.98	3	52	10	4	6	12	3	7	22	3	10	10	7	7	2.09	.13	2.16
Gloucester	2,970	1.75	3	52	4	4	7	6	6	2	17	6	10	10	4	4	.90	.16	.34
Lowell	11,544	.86	7	100	19	12	7	34	22	2	17	2	17	10	7	7	.20	.19	.04
Lynn	12,412	2.32	17	288	28	13	15	34	22	12	8	12	6	7	1	1	.56	.22	.36
Nantucket	566	.68	7	103	31	20	11	19	11	8	7	7	6	5	1	1	3.00	.35	2.65
New Bedford	14,937	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.20	.20	.20
Oak Bluffs	267	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.40	.37	.75
Revere	6,289	2.97	11	187	25	11	14	72	40	32	15	11	13	8	5	5	1.12	.39	1.35
Salem	4,027	2.25	4	91	14	7	7	26	18	8	15	8	15	11	4	4	1.74	.34	1.02
Somerset	895	1.67	1	15	7	7	—	11	9	2	4	2	4	2	2	2	2.45	.78	1.67
Swansea	608	1.67	—	—	2	1	—	7	6	1	4	2	4	1	3	3	2.13	.32	1.81
Tisbury	318	4.40	1	14	1	1	—	3	2	1	1	1	1	1	—	—	1.57	.31	1.26

¹Total school population of towns having an examination by one of our clinics during 1934. This total is used in calculating the percentages of columns 9, 10, and 11.

²Total school population of towns having children in special classes during 1934. This total is used in calculating the percentages of column 5.

NOTE:—Where two institutions are examining in the same town, all cases are listed under the institution having this particular town on their school clinic assignment. This refers to Table X only.

This total is used in calculating the percentages of column 5.

NOTE: — Where two institutions are examining in the same town, all cases are listed under the institution having this particular town on their school clinic assignment. This refers to the town of residence of the patient.

to Table X only.

were held increased from 113 to 232, the largest number of towns being examined during the present year. The State-wide nature of the school clinic examining plan is clearly outlined in this last figure. We see that by 1934 the clinics were visiting 65 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

Many inquiries from other States directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most States of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

II. INCIDENCE OF RETARDATION, 1934

Table X presents a summary of facts in connection with 221 towns in which first examinations were held by one of our clinics during the year 1934. It presents the school population in the grammar grades; the number of special classes; the number of children in special classes; the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded; for each town concerned, during the year 1934. As first examinations only are included we may consider that the material demonstrates, to a certain extent, the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 370,852 children. Of the total of 221 cities, towns and villages having a first examination, 104 were maintaining a total of 313 special classes, or one special class to approximately every 1,184 children of the total school population. One hundred seventeen smaller communities with a total population of 48,959 children were not maintaining special classes. While 52 per cent of the communities examined were not maintaining special classes, we observe that 86 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which interfere with the establishment of special classes. In column 9 we observe that the percentage of the total school population referred for retardation during 1934 for the entire group was 1.73 per cent. However, in the towns having no special classes the percentage of the school population referred as retarded for 1934 was 2.85 per cent.

One hundred four towns maintaining 313 special classes accommodated 5,169 children in these classes, an average of 16 children per class. Comparing this total of 5,169 children in special classes with the total school population of 370,852, we note that 1.60 per cent were in special classes during the year 1934. The 117 towns not maintaining special classes revealed a total grammar school population of 48,959 children. In these towns a total of 1,399 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 6,445 children were referred to the clinics for the first time during 1934. In other words, 1.73 per cent of the total school population were referred *during a single school year*. Dividing the 1.73 per cent of the total school population referred in accordance with diagnosis, we note that .39 per cent were diagnosed as mentally defective and 1.34 per cent as not mentally defective. This demonstrates that the ratio of not mentally defective children to mentally defective children is 3:1. That is, the mentally defective child is not alone in having difficulties in the public schools.

Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have, in addition, 3 children of higher mental grade who do not make a success of their school work. The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to leave the large number of high-grade cases in the unhappy half-way position between the special class and the regular class without adequate or understanding provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.73 per cent of the total school population served by our clinics were referred because of retardation during 1934. This figure does not cover the total number of cases of retardation which have accumulated in the particular schools. These are first examinations of a single year only. Some of the children may be referred as retarded at the early age of nine years, and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total number of cases of retardation is subject to an accumulation over several years, inasmuch as the time in the grammar grades covers a period of 8 or 9 years. We note that the percentage of .39 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates of the incidence of mental defect. Again, we must recall that this, too, is a figure for a single year, and that the actual number of mental defectives within the school system is much higher.

The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) for any one year are quite small in relation to the total school population. Inasmuch as the clinics are finding practically the same proportion of children retarded each year, it is necessary to consider the accumulation of cases that is occurring year after year before arriving at a total figure. The determination of this total number of retarded or mentally defective who have accumulated in a school at any one time is rather difficult. Therefore, we determined to use a different approach, and compare the *new cases* of retardation or mental defect diagnosed during one year with the *new cases* entering school during the same year. We recorded the number of children actually within the first grade of the various schools, the new cases of retardation and mental defect diagnosed the same year, and calculated the percentage. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller, but the error will be on the side of conservatism.

It was found that there was a total of 45,069 children in the first grades of schools in which 6,445 first examinations of retarded children were held during the year 1934. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables

that a total of 6,445 children were referred to all clinics, because of retardation for the first time during the year 1934. From this total of 6,445 children who were referred for the first time, we must subtract the cases in which a diagnosis was deferred (790 cases), so that our actual number of new cases of retardation for 1934 is 5,655. Comparing this total of 5,655 with the 45,069 new students entering the schools, we find that new cases of retardation and mental defect discovered during 1934 are 12.5 per cent of the number entering schools during the same year. That is, when we compare the new cases of *retardation* discovered during a single year with the *new children entering school* for the same year, we find that one child in eight is retarded in some degree.

Dividing the mental defectives from those merely retarded, we note that the *new cases* diagnosed as mentally defective during a single year are 3.2 per cent of the number of children entering school for the first time during a single year. The *new cases* diagnosed as retarded constitute 9.3 per cent of the number of children entering school for the first time. All of this, of course, is for the year 1934. We feel that these percentages of 3.2 for mental defect and 9.3 for retardation give us a much better picture of the relative amounts of these conditions actually present in our school systems.

There is nothing to be gained in discussing the differences in the number of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have been having these examinations every year. In other instances the small number of cases referred is a matter of selection on the part of the superintendent. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 104 towns have provided a total of 313 special classes caring for 5,169 children. Referring to Table VII, "Total Examinations during 1934, by Status of Recommendation", we note that a total of 3,079 children were recommended for special classes during 1934. That is, about one half the school rooms now devoted to special classes will be needed to take care of the new cases recommended for special class care in 1934. We see the urgent need for increasing the number of special classes now available.

III. RESEARCH IN MENTAL DEFICIENCY

In October, 1926, the Division inaugurated a research project in mental deficiency based upon the school clinic examinations. In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. In 1929, however, the Department replaced the code sheet with a printed statistical machine card which saved a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division. A single research worker is available for studying this material. Inasmuch as the material involves many thousands of cases, it is extremely difficult to publish the results of this work as rapidly as might be desired. A paper making use of this material was presented and read before the American Psychiatric Association in May, 1934, by the Director of the Division.

IV. PUBLICATIONS

The following articles were prepared for publication during 1934 by the Director of the Division:

DAYTON, N. A.: Influence of Size of Family upon the Characteristics of the Mentally Deficient: Survey of 20,473 Retarded Children in the Public Schools

of Massachusetts. Read at the ninetieth annual meeting of the American Psychiatric Association, New York City, May 28 — June 1, 1934. To be published in the *American Journal of Psychiatry*.

DAYTON, N. A.: A New Statistical System for the Study of Mental Diseases, and Some of the Attained Results. To be published in the *Kline Memorial Bulletin*.

DAYTON, N. A.: Operation of the Fernald Traveling School Clinics and Research Possibilities in the Accumulated Examinations. To be published in the *Kline Memorial Bulletin*.

V. SOCIAL SERVICE

(a) *Community Supervision*

Cases referred to the Division of Mental Deficiency come from many sources, public and private agencies and interested individuals. Some cases are referred for investigation only, as are those which come under the Briggs Law, which are referred by the Department. Certain cases are found to be unsuitable for supervision as, for example, infants and very young children referred by the Division of Mental Hygiene where no social problem presents itself, and where parents are sensitive about their children being considered mentally defective. Whenever possible these cases are tied up to existing local agencies, or when it is felt that our services may be desired later on, such cases are placed in a pending file, where they may become active at a moment's notice. All referred cases are carefully studied or investigated, as the case requires, before a decision is made. This often involves trips to the home, school, interested agencies and individuals.

Because of the expense involved, few cases living west of Worcester are supervised. The division sometimes works out a plan with other agencies to supervise their clients, they assuming any expense involved, as the division has no funds for support.

Most of our cases are on a voluntary basis, as distinguished from those cases which are committed to the Division of Mental Deficiency through the courts. These cases require fully as much time and effort as do committed cases. In many instances, where there is an acute economic need, they must be directed to the proper agency and a plan worked out in cooperation with the agencies.

A whole family often needs advice in regard to handling the mentally defective member, and it may require years of effort before the misunderstood and mis-handled member is properly appraised and an adjustment made. When it is felt that the family can carry on without further supervision, the case is closed with the understanding that at any time they feel the need of our advice we stand ready to give it. A case, therefore, may be closed and reopened as necessary. Through such service many cases are kept in the community which otherwise might go to State institutions, thus saving expense to the State.

When obviously institutional types are referred to the division they are directed to the out-patient clinics of the State schools for mental deficiency. These clinics are used by the social worker whenever a client is referred who has had no psychological examination but whose condition resembles mental defect. The visitor also uses the clinics for the re-examination of cases committed to the division. Obviously the division can do better work by confining its activities to work with the mentally defective.

It has been found more practical to place most of our mentally defective girls, both on voluntary and committed bases, in wage homes where they can be self-supporting. Unfortunately, no financial aid is available for caring for them in the community should they need to be removed from a wage home for any reason. A new place must be found at once unless the girl has a reserve from her own savings in order to enable her to be boarded during this interim. Episodes of this sort very much weaken the case work. Little constructive work can be done under such conditions as the girl often looks upon this change as a sort of vacation instead of a disciplinary measure. The drain on her own funds does not seem to perturb her. All wage homes are investigated with great care to ascertain the prospective employer's adaptability and her understanding of the problem, this being considered more important than the material aspect of the home or a high wage.

For girls placed in wage homes wholesome recreation is planned and suitable companionship striven for. Their health is checked up carefully, involving as it

does frequent visits to dentists or dental clinics, and hospital or school clinics. In the case of the neurotic mentally defective, this means innumerable visits to the various clinics.

Much educational work is done with the employers to make for the better understanding of our type of girl. The successful employer first endeavors to find out what sort of person she is dealing with and, fortified with the knowledge of her strong and weak points, her capabilities and handicaps which the social worker gives her, she is better able to start off on the adventure of bringing to fruition the best that is in the girl. She will arrange that her work be as routine as possible for herein lies the girl's strongest asset and once rooted in this routine she can usually go on blithely. Her recreation will be planned along simple lines and with advice from the social worker. When there is any question as to what is wise and safe for the girl, she will seek out the visitor for she will recognize that years of dealing with the girl by the visitor can surely count for more than her own limited contact. Hence she will discount the first "new-broom" fervors, nor expect this early perfection to continue. She, with the aid of the visitor, will be able to steer the girl past dangerous shoals and often into pleasant waters. To those patient and far-seeing employers who have safely guarded our girls into lives of usefulness and content we give our heartfelt thanks. May their number increase! It is not an easy task — few worthwhile jobs are; but if the girl is trainable and has good characteristics, the efforts of her employer will not be in vain. The satisfaction of seeing a girl become efficient as a cook, nursemaid, or along other domestic lines under her tutelage, does compensate an employer for many hours of hard work, for the girl will not forget what she has had drilled into her and which indeed has become a pattern.

(b) Case Records

The case of a mentally defective girl who has been supervised by the division for nine years follows:

Esther L. had infantile paralysis when she was two years old. She did not walk until almost six. Her home was in a tenement district and was poorly kept by her mother, a large, slovenly woman, who was infatuated with a man whom she had supported for some ten years. She neglected her own children to give her earnings to him. He is thought to have been the father of E. as well as of four other siblings. When the authorities became cognizant of conditions in the home all the children were removed to the care of the State as "neglected." Two of these children were found to be mentally deficient and committed to a State school. E., because she was small, undersized and underfed, was placed in boarding homes where she was given nursing care. She was seven at this time, but looked to be four. E. gradually took on weight, but was always stunted due to early neglect and paralysis.

Her habit of raiding the pantry and ice box are understandable as she was accustomed to grabbing whatever she could get in her own home. After much care and effort, good habits were instilled. She became efficient in housework and became an excellent sewer, earning a prize for this in school.

E. was considered bright in her boarding homes, as she was quick to answer, rather pert, and seldom lost her temper. She had a sense of humor and her merry laugh was infectious. She was always a favorite with other children in the home. It was not until she was twelve years old and unable to measure up to the fifth grade that the suspicion grew that she might be mentally deficient. This was confirmed by tests.

When E. was twenty it was felt that she needed further supervision. As she had no family capable of assuming responsibility, commitment to the Division of Mental Deficiency was effected.

At her own request she remained in the same home, where for the first time she was earning wages. She had a horror of being changed, and viewed her new visitor with dilated eyes, distrust, and even antagonism until assured that she could remain on. Then she became a different being, showed the social worker her room and belongings, and ended up by showing the employer's two babies in their cribs, but bade her emphatically not to awaken them. Later, at exactly the proper moment, she fed them their cereal, little caring whether the visitor came or went. Cereal was to be given at a stated time and nothing else mattered. Her loyalty to this

family was remarkable. Although it developed later that she did more work than outlined by the visitor, E. never gave an inkling of this. When this employer was found to be unsuitable to have care of E. she was removed, but the girl was heart-broken. What would the babies do without her? However, a place was found for her where there were two babies, and it was not long before E. was lavishing the same meticulous care on them. A born little nursemaid, she was kind but firm. In sickness it was E. who waited upon them throughout the day and sometimes the night. At one time neighbors noticed her in a sudden shower, bereft of her own coat which she had placed over the babies, and streaking it like mad for home and shelter. Her judgment was not always to be relied on, but her loyalty always. As this employer planned to move to another state E. was again placed, and again there were two children. She seemed possessed to do more work than she should and, to everyone's dismay, was discovered one day in an epileptic attack. This employer would not keep her longer as she felt E. should not be with little children. After some difficulty a place was found for her in a small hospital. Here she is happy; has found a relative who is fond of her and sees her weekly. She crochets and makes some of her clothes. She is seen regularly by a doctor who is much interested in her case, and while she will never be able to care for children again or to do hard work, she is doing her bit to the best of her ability. She is devoted to her old friends and employers, and either sees or writes to them regularly. This is indeed her chief recreation. She is a general favorite wherever she goes and has a merry laugh which infects everyone who hears it.

This is an example of a physically handicapped, mentally defective and epileptic girl for whom a place has been found in the community where she can do work which is satisfactory and where she can be happy under the supervision of the division. There is no question but that without this supervision E. would long since have been committed to a State School. In dollars and cents, much money has been saved the State. More important than this saving is the fact that there is a place for even so handicapped a person in the community under careful supervision. E. has indeed gladdened the homes in which she has been placed as well as contributed her share in the work of the homes.

TABLE XI. — Statistical Survey of Cases — Division of Mental Deficiency — Social Service — Year Ended November 30, 1934	
I.	
Status — December 1, 1933	
Committed cases	19
Voluntary cases	189
Pending cases	8
	216
Cases Referred during year:	
Referred by public agencies	59
Referred by private agencies	14
Referred by D. M. D.	12
Referred by individuals	1
Reopened from previous years	3
	89
	305
II.	
Cases Closed during year:	
Cases in care of public agencies	58
Cases in care of private agencies	5
Investigations for Department — Briggs Law cases	12
Cases moved: unable to locate	5
Cases committed to institutions	4
Investigations for Department	1
Cases not supervisable	12
Cases adjusted in homes	13
	110
III.	
Service Rendered:	
Placement:	
Home	34
Industry	5
Recreation	70
Investigation	44
Histories	27
	180
IV	
Status — November 1934:	
Committed cases	17
Voluntary cases	175
Pending cases	3
	195
Summary of Visits — Two Workers	1,522

Table XI shows that during the year 1934, 216 cases were cared for. Of this total, 19 cases were committed to the Department of Mental Diseases, and 189 were voluntary cases. Eighty-nine new cases were opened during the year, mostly referred by public and private agencies. One hundred ten cases were closed. A total of 1,522 visits were made by the two social workers carrying on this work. At the end of the year 195 cases were under supervision.

(a) *The Socialization of the Mental Defective*

It is more apparent each year that good early training of the mentally deficient is essential if they are to become what many potentially can be — good workers and loyal helpers in that field in which their particular gift or training lies.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admissions to our State schools. The urbanization of our population and the attendant speeding-up process in industry have produced a situation particularly unfavorable to the mental defective. Under such circumstances it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment. We must also recall that the present economic situation makes it increasingly difficult for the mental defective to effect an adjustment in the community. Where these individuals were able to secure positions in other years, we find that employers now have a tendency to replace them with high grade workers who are willing to give their services for lower wages. This fact adds greatly to our present difficulty.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments will find it necessary to assume the function of caring for a certain portion of mental defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a state-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives residing in the community. It seems advisable that we plan for a state-wide organization to carry on this task. While a central organization would probably be the most efficient, there are certain elements which favor the formation of a number of smaller local agencies. The local agency, being on the ground, has a distinct advantage, for it is able to meet the individual problem at the time of greatest possibility for adjustment.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our State schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing

the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes, or in State schools will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in State schools.

The relative numbers of mental defectives in our population have been the subject of much discussion. In Table X we observed that .39 per cent of our school population were diagnosed as mentally defective *during a single year*. In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1934 present a number which was 3.2 per cent of the number of children entering school for the first time during the same year. This compares the newly discovered cases of mental defect with the new children entering school for the same year.

If of all public school children one child in 28 is mentally defective, we can gain some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary educational and vocational training, we will enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented and in others they will diminish in exact proportion to the length of the training and supervision provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius, or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happily for the future of civilization this is not the case. If this linkage were a reality we should be divided into definite groups of very good and very bad people, instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages. Millions of his type have been successful and have never come to our attention. A few have failed, chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feeble-minded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to train the older mental defective properly. Our experience with habit training in normal children has pointed out that early training and experience to a certain extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence has a relatively small chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environment surrounding the child at an early age, and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

VI. ANALYSIS OF WAITING LISTS TO ALL STATE SCHOOLS, 1934

During the year 1929 the Division assumed a new duty in assembling statistical data in reference to the waiting lists comprising urgent applications to the three State schools for the mentally deficient. A brief code was outlined embracing

descriptive data of these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis.

The waiting lists are kept up to date at all times. Each month the State schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. This enables us to keep the lists balanced at the end of each calendar month. Punch cards are then made up for new cases and filed pending further analysis. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On November 30, 1934, there were 292 cases on the waiting list of the Belchertown State School, 1,976 cases on the waiting list of the Walter E. Fernald State School, and 817 cases on the waiting list of the Wrentham State School. The total number on the waiting lists for the three State schools was 3,085. Of these, 46.9 per cent were males and 53.1 per cent were females.

It was found that a social agency of some type was the source of application for admission in 39 per cent of the male and 48 per cent of the female cases; the parents were the source of application in 28 per cent of the male and 22 per cent of the female cases; the officials of a town or county in 12 per cent of the male and 14 per cent of the female cases; and the public schools were the source in 9 per cent of the male and 4 per cent of the female cases.

In reviewing the reasons for the urgency of admission, we note that mental defect in the child was the cause of application in 27 per cent of both sexes together. Conduct was the primary reason in 21 per cent for both sexes. Retardation in school was the reason in 8.6 per cent of cases. The home situation was given as the cause in 7 per cent for both sexes. Marked physical defect plus retardation is given as the cause in 2.4 per cent of the males and 2.8 per cent of the females. Sex difficulties were the source of application in .5 per cent of the male and 4.8 per cent of the female cases.

With regard to the intelligence quotient of children on the waiting lists, we note that the males distribute themselves more evenly throughout the various I.Q. groups. The males exceeded the females in the idiot group (males 13 per cent, females 11 per cent), the imbecile group (males 31 per cent, females 25 per cent) and the not mentally defective group (males 13 per cent, females 11 per cent). The females showed a much higher percentage than the males in the moron group (females 51 per cent, males 41 per cent).

With regard to the ages of applicants on the waiting lists, 75 per cent of the males were under 15 years of age, while but 53 per cent of the females fell in this group. Twenty-one per cent of both sexes fell in the age group 15-19 years. But 7 per cent of males are placed on the waiting lists at ages of 20 years or over, as against 21 per cent of the females. Thirty-nine cases on the list were 40 years of age or over. These cases make up .5 per cent of the males and 2 per cent of the females.

If we turn to the clinical diagnoses, we note that the males predominate in the groups diagnosed as cretins, post-encephalitic and with endocrine imbalance. The females are in larger proportions in the mongols, hydrocephalics, spastics and defective delinquents. The differences between the sexes in these groups are not large, however.

Of the cases not falling in these clinical groups, the males predominate among the idiots (males 9 per cent, females 8 per cent), the imbeciles (21.2 per cent of males and 18.9 per cent of females), and the group not mentally defective. The females predominate in the moron group (females 24 per cent, males 20 per cent).

A study was also made of the source of application by county of residence, and compared with the estimated population of these counties in 1934. The highest rate of applications per 100,000 of the population was observed in Barnstable County with a rate of 215 applicants. Nantucket was second with 97; Suffolk third with 94; Franklin fourth with 76; Middlesex fifth with 72; Essex sixth

with 64; and Dukes seventh with 59. Worcester, Plymouth, Hampshire, Bristol, Norfolk, Berkshire and Hampden presented the lowest rates with 54, 47, 45, 42, 38, 36, and 29 persons on the application list per 100,000 of the population of each county, respectively.

The total of 3,085 on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an additional institution to care for these mentally deficient individuals.

V. RECOMMENDATIONS

For several years the Director has been pointing out the necessity of the social supervision of (a) children in special classes and (b) children leaving special classes. In 1931, the Legislature authorized an investigation to study the feasibility of providing such supervision. This survey included a study of children still in special classes and children who had left special classes. The findings suggest that a comprehensive plan should be elaborated for supervision of the retarded or mentally defective child while still in the public schools and after he has left the public schools. If we are to aid these children in effecting an adjustment so that they may remain in the community, it is urgently necessary that we enlarge the scope of our supervisory activities and help these children not only while they are in public schools but until they are twenty-one. The Department of Public Welfare, for example, supervises children placed in their care until they are twenty-one, and the majority of these children are normal in respect to intelligence. How much more important it is that children who are retarded mentally should have assistance up to the same age! A recent study completed by this Division shows that the average cost of caring for a mentally defective child in one of our State schools is approximately \$450 per year, and that each child admitted to a State school will cost the Commonwealth approximately \$2,600. There is little doubt but that the special class movement, for example, has been the means of keeping many children in the community who otherwise would require admission. The additional cost of caring for these children in special classes is negligible in comparison with the larger expense involved in State school care. The Department of Education states that the average cost of caring for children in special classes is about \$130 per child. The average school cost per normal child for the same year is about \$90. Thus, the special class care of the retarded child averaged \$40 higher than that of the normal child. When we compare this amount of \$40 to the annual cost of \$450 for caring for the defective child in one of our State schools, the economy of the special class movement becomes evident. However, we are pursuing a short-sighted policy in not providing *further* supervision for these children when they leave special classes. The field of education cares for these children until they are 16. When this supervision is relaxed difficulties arise. Additional supervision for these children until they reach the age of 21 would be of tremendous benefit in tiding them over a very critical period, and would undoubtedly keep in the community many now being admitted to State schools between the ages of 18 and 22. Community adjustment and self-support are accomplishments which are beyond the great mass of mental defectives without some degree of social supervision and guidance. The provision of means for carrying out this important work should be effected at the earliest possible date.

Since 1927 the Division has been carrying on a research project based on the school clinic records. Coding of the material has been a rather slow process with only one worker, and the number of publications has been necessarily small. Over 80,000 examinations are available for study and offer an unparalleled opportunity for the study of the retarded and mentally defective child. That the work may be accelerated and these valuable facts given to the world, it is suggested that two research workers be added to the Division staff.

I also wish to point out the necessity for an additional appropriation to care for cases committed to this Division and those cared for on a voluntary basis. The present economic situation has greatly increased the demands for social service supervision of the mentally defective. Individuals and agencies are making increasing demands on the Division for help at this time. Many employers who have paid good wages to mentally defective boys and girls in the past find that they are no longer able to do so. The task of finding other positions for these persons has

added greatly to our divisional problems. We are handicapped in our work by the fact that certain cases need temporary financial support to tide them over until a new position can be obtained. Otherwise, the only recourse available is admission to one of our State schools, and we have seen that this is a very expensive procedure. Such a policy is not only short-sighted from the economic standpoint, but it is, in addition, a real injustice to retarded individuals who through years of painstaking effort have earned the right to remain in the community. The annual appropriation of a sum of \$2,000 will enable us to carry out this work in an efficient way. It can be seen that if we could keep but one mentally defective individual in the community rather than have him committed to a State school at an average cost of \$2,600, we would more than justify this expenditure. At the end of 1934 the Division was supervising 195 cases in the community, and most of these would require admission if this supervision were not available, at an estimated cost of \$507,000 for State school care. There is little doubt but that an enlargement of the work of the Division would mean the keeping in the community of cases now requiring admission, and save the Commonwealth hundreds of thousands of dollars.

Our analysis of the waiting lists for admission to the three State schools demonstrates the need for increases in institutional provision for mental defectives. The total of 3,085 cases on the waiting lists indicates an urgent need for the enlargement of existing facilities and the construction of an additional State school to care for mentally defective individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable.

Sincere appreciation is herewith expressed to the Commissioner for his cooperation throughout the year.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE SUPPORT DIVISION

To the Commissioner of the Department of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1934, as follows:

Visits to the Hospitals	145
Histories taken at the Hospitals	4,550
Visits to relatives of patients and others for investigation:	
By outside visits	4,821
By office calls	1,160
By telephone	1,596
Total investigations	7,577
Cases submitted for deportation to the U. S. Commissioner of Immigration	17
Cases submitted for deportation by the Department	94

Support Cases, not including Ex-Service Men of the World War

Cases pending November 30, 1933	731
New Cases	2,792
	3,523
Made Reimbursing	930
Accepted as State Charges	1,763
Pending November 30, 1934	830
	3,523

Reimbursing Cases

Cases remaining in Hospitals November 30, 1933	2,263
New Cases	1,041
	3,304
Died	366
Discharged or on visit November 30, 1934	431
Dropped — accepted as State Charges	221
Transferred to other Institutions	75
Accepted by Veterans' Administration	4
Remaining in Hospitals November 30, 1934	2,207
	3,304

Cases of Ex-Service Men of the World War considered by the U. S. Veterans' Administration for support between November 30, 1933 and November 30, 1934

Cases remaining in Hospitals November 30, 1933	9	
New Cases	2	
Re-opened Cases	—	
	—	11
Died	—	
Discharged or on visit	2	
Transferred to other State Institutions.	1	
Made Reimbursing	2	
Rejected	—	
Remaining in Hospitals November 30, 1934	6	
	—	11
Ex-Service men actually in the Hospitals November 30, 1934		402
Cases chargeable to Veterans Administration	6	
Cases not yet chargeable (rejected or pending)	396	
	—	402

Attorney-General Cases

Cases pending in the Office of the Attorney-General, Nov. 30, 1933	100	
Reported during the year	23	
	—	123
Cases closed during the year	16	
Cases pending November 30, 1934.	107	
	—	123

Summary of Work of Investigators and Clerical Force

There were 759 investigations made at various Probate Courts. In addition to their outside work, the staff of Investigators spent 5,281 hours in the office, preparing for such work and in reporting the results of their investigations.

Letters: 2,220 letters were written concerning the general work of the Division and 1,002 letters concerning ex-service men and Veterans Administration matters. 358 clinical abstracts and 521 stencil forms were transmitted to the Veterans Administration.

Documents: 5,471 documents relating to Probate matters were handled. 5,166 history slips were prepared for the use of the Investigators, and, including transfer records, a total of 5,981 histories were written.

Bills: Over 20,000 bills were sent out, not including bills sent to the Veterans Administration. Bills amounting to \$5,522 were rendered to the Veterans Administration during the year.

Receipts for Support of Reimbursing Patients

HOSPITAL	Year ending: Nov. 30, 1933	Year ending: Nov. 30, 1934	Total since Jan. 1, 1904
Psychopathic Hospital	\$1,746.86	\$167.86	\$37,960.49
Boston State Hospital	82,717.97	82,205.87	1,448,062.19
Danvers State Hospital	105,858.60	103,976.65	1,922,272.06
Foxborough State Hospital	52,695.45	45,416.17	568,799.70
Gardner State Colony	30,439.89	24,782.61	342,187.80
Grafton State Hospital	22,049.77	21,943.46	396,010.68
Medfield State Hospital	34,292.05	44,990.29	673,487.14
Metropolitan State Hospital	30,286.52	29,866.56	125,182.00
Northampton State Hospital	94,066.40	93,295.97	1,438,612.86
Taunton State Hospital	58,421.66	57,596.26	1,083,264.71
Westborough State Hospital	128,384.77	114,682.77	1,869,289.44
Worcester State Hospital	74,537.22	69,177.05	1,457,598.10
Monson State Hospital	17,816.51	19,633.87	338,468.29
Belchertown State School	6,276.03	5,436.90	59,632.00
Fernald State School	22,675.32	22,237.31	282,903.99
Wrentham State School	8,921.30	11,443.11	123,522.02
State Infirmary	1,928.28	2,364.38	84,691.36
Bridgewater	5,715.93	5,365.50	102,238.21
Hospital Cottages	—	—	1,975.93
Family Care	—	—	17,344.87
Foxborough Labor	—	—	3,370.45
Alms Houses	—	—	923.66
	\$778,830.53	\$754,582.59	\$12,377,797.95

Yearly Totals from January 1, 1904

From January 1, 1904 to September 30, 1904	\$31,882.11
Year ending September 30, 1905	72,750.93
From October 1, 1905 to November 30, 1906 (14 months)	87,804.66
Year ending November 30, 1907	79,495.76
Year ending November 30, 1908	86,867.04
Year ending November 30, 1909	102,468.57
Year ending November 30, 1910	117,588.91
Year ending November 30, 1911	124,083.94
Year ending November 30, 1912	133,059.95
Year ending November 30, 1913	133,818.23
Year ending November 30, 1914	130,671.57
Year ending November 30, 1915	139,375.33
Year ending November 30, 1916	141,585.18
Year ending November 30, 1917	174,710.70
Year ending November 30, 1918	179,161.66
Year ending November 30, 1919 (including soldiers \$3,421.75)	182,240.81
Year ending November 30, 1920 (including soldiers 99,008.25)	296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)	311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)	359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)	364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)	601,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)	452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)	922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)	987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)	1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)	939,846.19
Year ending November 30, 1930 (including soldiers 18,104.00)	947,503.03
Year ending November 30, 1931 (including soldiers 19,045.00)	917,593.67
Year ending November 30, 1932 (including soldiers 849.00)	819,870.81
Year ending November 30, 1933 (including soldiers 11,220.00)	778,830.53
Year ending November 30, 1934 (including soldiers 6,698.00)	754,582.59

\$12,377,797.95

Number and Board Rates of Reimbursing Patients for the Year Ending October 1, 1934

INSTITUTIONS	Daily Average Number		Average Weekly per Capita Rate	Number October 1, 1934		United States Deportation Cases		Soldier Cases			
						Daily Average Number	Average Weekly Per Capita	Daily Average Number	Average Weekly Per Capita		
	M.	F.		M.	F.						M.	F.	M.	F.
Psychopathic . . . . .	.05	.02	10.00	—	1	.14	—	35.00	.02	—	35.00
Boston	71.11	146.03	6.97	78	170	—	—	—	1.00	—	14.00
Danvers	93.25	177.50	7.55	108	217	.25	—	35.00	—	—	—
Foxborough	34.01	85.41	7.74	32	100	—	—	—	1.00	—	14.00
Gardner	32.52	36.92	7.60	26	47	—	—	—	—	—	—
Grafton	35.56	28.30	7.72	24	30	—	—	—	—	—	—
Medfield	25.70	62.46	8.07	31	68	—	.25	35.00	—	—	—
Metropolitan	28.83	44.94	7.69	43	72	—	—	—	—	—	—
Northampton	81.82	135.39	8.24	84	207	—	—	—	—	—	—
Taunton	43.23	94.41	7.58	45	107	.15	—	35.00	1.21	—	14.00
Westborough	106.44	201.10	7.42	50	101	—	—	—	3.54	—	14.00
Worcester	76.56	110.30	7.87	68	117	—	—	—	—	—	—
Monson Sane	23.55	40.65	5.47	28	36	—	—	—	.16	—	14.00
Monson Insane	—	—	—	—	—	—	—	—	—	—	—
Belchertown	12.08	10.51	4.96	17	20	—	—	—	—	—	—
W. E. Fernald	38.08	29.89	6.10	52	43	—	—	—	—	—	—
Wrentham	23.76	16.77	5.04	40	25	—	—	—	—	—	—
Infirmiry . . . . .	.32	4.94	6.16	—	12	—	—	—	—	—	—
Bridgewater	9.01	—	8.29	7	—	—	—	—	2.00	—	14.00
Hospital Cottages	—	—	—	—	1	—	—	—	—	—	—
Family Care	—	—	—	—	1	—	—	—	—	—	—
	735.88	1,225.54	7.42	733	1,375	.54	.25	35.00	3.39	5.54	14.00

This report shows that the total collections on account of reimbursements for support of patients were \$754,582.59. Of this amount \$6,678.00 was received for the support of ex-service men of the World War, leaving a balance of \$747,884.59 as the amount collected for the support of civilian cases.

Total receipts for support indicate a per capita collection for the year of \$28.62.

I am submitting on the same sheet a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1933, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are \$12,377,797.95.

This Division has an active reimbursing list of approximately 2,169, the maximum rate in any case being \$10 per week and the minimum rate being \$1.00 per week. Investigations by this Division have resulted in the deportation to other states and countries of 89 patients during the year ending November 30, 1934. With an average hospital residence of approximately ten years, and at the prevailing cost of \$10 per week, this would seem to have effected a saving to the Commonwealth of about \$462,800.

Respectfully submitted,
PAUL A. GREEN,
Supervisor.

ACKNOWLEDGMENT

Grateful appreciation is herewith expressed to the Rockefeller Foundation for the appropriation made available for the continuance of our research project in the epidemiology of mental diseases and mental defect. The first investigation was made through a grant from the Laura Spelman Rockefeller Fund for the three-year period July, 1928 to July, 1931, inclusive. On the latter date, our research project was further extended by the Foundation for a three-year period and ended on July 1, 1934.

WINFRED OVERHOLSER, *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH
To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1934, is respectfully submitted.

At the end of the present statistical year there were on file within the Department a total of approximately 149,539 cases comprising approximately 260,000 statistical cards on patients in our mental hospitals and state schools. They include statistical cards on the resident population of each of the State institutions (representing over 30,000 cases alone), and statistical cards on all discharges and deaths at each institution from 1916 to the present time. These outline themselves as follows:

Ten-year Discharges:		Cases
Mental Diseases	.	59,398
Mental Deficiency	.	3,585
Epilepsy	.	1,915
		64,898
Cases Discharged 1927-1934:		
Mental Diseases and Epilepsy	.	51,612
Mental Deficiency	.	2,000
		53,612
Cases on Books, 1934:		
Mental Diseases and Epilepsy	.	25,619
Mental Deficiency	.	5,410
		31,029
Total:		
Mental Diseases and Epilepsy	.	138,544
Mental Deficiency	.	10,995
		149,539

The Rockefeller Grant to the Department came to an end on June 30, 1934. However, the work of completing the researches was so tremendous that publication of the findings was not possible within the time allowed. For this reason a request was made to the Foundation during the past year for an additional grant of \$26,000 to be used in the publication of four volumes as follows:

(1) A broad, general survey of mental diseases in Massachusetts over the period 1917-1933. This State-wide analysis would embrace 99 per cent of all cases entering mental hospitals, and would be based upon a total of over 100,000 cases. The

material is new in the annals of psychiatry, and should be of vital interest to psychiatrists, administrators, sociologists, legislators, and that portion of the public which is interested in social and public health problems.

(2) An intensive study of the clinical manifestations of mental diseases based upon an analysis of 20,000 cases. Added medical and clinical data would make this study of particular interest to psychiatrists, to general medical men, and to sociologists.

(3) A general survey, state-wide in scope, of the subjects of Mental Deficiency and Epilepsy. The 10,000 cases of mental deficiency and the 5,000 cases of epilepsy studied represent all admissions to public institutions in Massachusetts for the period 1917-1933. As the increase in numbers of mental defectives is showing a 2:1 ratio over the increase in mental diseases over the past 15 years, such a study should be of interest to psychiatrists, physicians, administrators, sociologists and educators.

(4) An intensive study of the clinical manifestations associated with mental deficiency based upon an analysis of 3,200 cases admitted to the Wrentham State School. With the added material on heredity, and on the medical, clinical psychological and educational aspects, this publication should be of consequence to psychiatrists, physicians, geneticists, psychologists, educators and the general public.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times.

Respectfully,

NEIL A. DAYTON, *Director.*

REPORT OF THE DIVISION OF STATISTICS

To the Commissioner of the Department of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1934 is respectfully submitted.

SUMMARY OF CONTENTS, DIVISION OF STATISTICS

- I. Departmental Statistics, Tables A to J.
- II. Statistical Review: Subjects of Text Discussion.
 - A. General Discussion of All Classes under Care.
 - B. All Admissions to Mental Hospitals During 1934.
 - C. All Discharges from Mental Hospitals During 1934.
 - D. Deaths in Mental Hospitals During 1934.
 - E. Resident Population of Mental Hospitals on September 30, 1934.
 - F. General Discussion of All Classes under Care in State Schools.
 - G. Admissions to State Schools for the Mentally Deficient During 1934.
 - H. All Discharges from State Schools for the Mentally Deficient During 1934.
 - J. All Deaths Occurring in State Schools for the Mentally Deficient During 1934.
 - K. All Patients in Residence in State Schools for the Mentally Deficient on September 30, 1934.
- III. Graphs: —

Departmental Statistics	Graphs A to C.
Mental Diseases	— Graphs 1 to 9 inclusive.
Mental Deficiency	— Graphs 10 to 16 inclusive.

The Statistical Division of the Department was reorganized in 1927. A new system of recording data on all patients within the purview of the central office was established and put into effective operation, both at the individual institutions and at the central Department. By means of this method, complete centralization of procedure was effected and the scope of information and data on our patient population, both insane and feeble-minded, was tremendously increased. This system was likewise installed at Bridgewater, Mental Wards at Tewksbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively. Thus we have a total of twenty-one institutions coming under the Department system. Each institution sends to the Department a statistical card indicating the admission, discharge or death of each patient and at the end of the year a set of twenty standard tables are made up and returned

to the institution for publication in its annual report. All statistical work is removed from the institution and the machine equipment at the central office made use of to relieve institutions of these duties.

In 1932 the American Psychiatric Association definitely placed its approval upon a new Standard Classified Nomenclature of Disease the official revision of which was adopted in 1933. In common with other mental hospitals throughout the various states, the institutions of Massachusetts were faced with the task of reclassifying their mental patients in accordance with this new standard nomenclature. Thus, in order to have a complete record of the new diagnostic classification of our mental patients it became necessary to review every case on the books of the sixteen mental hospitals under the Department. In addition, it was necessary to make a reclassification of diagnoses in five other mental hospitals, namely, Bridgewater, Tewksbury, McLean, and the two Veterans' Administration Facilities, Nos. 95 and 107. Each of these institutions is included in the statistical system of the Department of Mental Diseases. About the same time, the American Association on Mental Deficiency made additions to their approved statistics and adopted a new clinical classification of patients with mental deficiency. This now entailed the recording of a new clinical classification on every patient on the books of our State schools in order that our data should conform with the new Standard Classified Nomenclature of Disease as it referred to mental deficiency.

The task of making these changes in 21 institutions (18 mental hospitals and 3 State Schools) was not a small one. Plans were made to have the resident population of each institution on September 30, 1933 reclassified and in addition all admissions, discharges, deaths and transfers occurring between that date and September 30, 1934. This enabled us to analyze our statistics on the basis of the new classification during the present statistical year. Work on the recoding of the statistical cards was started in May, 1934. The superintendents and medical staff of the various hospitals and schools showed a fine spirit of cooperation and concentrated on the task at hand for a period of about four months. Special conferences and staff meetings were held on doubtful cases and the entire matter of reclassification cleared up in a remarkably short time. By the end of the statistical year (September 30, 1934) every case had been reviewed and a new diagnosis entered. The work of coding the cards was taken care of within the Department where the additional help of temporary clerks was made available through a supplementary budget. As statistical changes were made other than the reclassification of the psychoses, a new statistical card was printed and the new items added at the time the recoding was being done. Twelve changes were made on each "A" card covering admissions and the resident population, and fourteen changes were made on each "D" card covering discharges and deaths. A total of 36,711 statistical cards were recoded, repunched, and refiled between May 30, and November 7, 1934.

A Departmental conference was held for the statistical clerks from the various institutions and all of the new code changes were explained and discussed. Following this meeting the institutions started coding their own cards in the new manner as of June 1, 1934. From that date on, all admissions, discharges and deaths in the various institutions were coded in accordance with the new classification.

The 1934 report of the Department is the seventh making use of the new statistical system. It contains tables of first admissions on all forms, that is, admissions on regular court commitment, admissions for temporary care, for observation, admissions on voluntary status and transfers. It likewise contains complete data in reference to all discharges and deaths at the various State hospitals during the year. In addition there is a section analyzing the status of our resident population at the end of the statistical year. A total of 244 tables are presented.

A separate section of tables including information in reference to the three schools for mental defectives makes up a part of the report. These tables discuss various aspects in connection with admissions, discharges, deaths and the resident population of the three State schools.

Respectfully,

NEIL A. DAYTON, *Director.*

DEPARTMENTAL STATISTICS.

TABLE A. — General Statement of the Department for the Year Ending November 30, 1934 — by Institution.

INSTITUTIONS	Year of Opening	Number Patients Under Care Nov. 30	Num-ber Total Admis-sions ¹	ACREAGE			Land ⁴	Buildings and Bettermen ⁵	VALUATION (See Notes)			Industrial	Total	
				Total Acres	Buildings Sites and Grounds Acres	Under Cultivation, Acres			Personal Property ⁶	Farm and Garden Products				
<i>Hospitals for Mental Diseases:</i>														
Boston Psychopathic	1912	86	2,000	2.00	2.00	—	\$59,300.00	\$496,349.30	\$59,630.10	—	\$600.00	\$615,879.40		
Boston State	1839 ²	2,282	799	224.66	224.66	—	632,034.45	3,504,549.64	399,853.27	\$10,999.97	9,105.03	4,556,542.36		
Danvers	1878	2,105	913	517.68	248.18	269.50	99,112.00	2,698,776.07	281,896.18	74,888.57	31,335.08	3,186,007.90		
Foxborough	1893	1,161	300	352.40	268.90	83.50	35,400.00	1,972,128.59	302,918.64	39,091.88	17,208.80	2,366,747.91		
Gardner	1902	1,339	196	1,856.00	1,533.75	322.25	41,125.00	1,532,769.13	411,961.77	71,797.66	18,590.79	2,076,244.35		
Grafton	1915 ³	1,423	118	1,087.90	821.65	266.25	37,600.00	1,347,775.94	204,384.43	72,495.94	14,813.91	1,677,070.22		
Medfield	1896	1,798	181	670.83	431.83	239.00	54,330.00	1,666,679.28	352,381.86	67,677.16	29,157.86	2,170,226.16		
Metropolitan	1930	1,319	104	386.96	355.96	31.00	71,122.00	4,146,075.21	415,096.18	9,459.89	5,536.70	4,647,289.98		
Northampton	1858	1,768	549	550.75	334.75	216.00	173,665.00	2,170,194.10	225,243.84	65,725.44	9,025.43	2,643,853.81		
Taunton	1854	1,547	532	456.00	303.25	152.75	63,000.00	1,165,452.32	245,224.86	55,505.62	17,590.00	1,546,772.80		
Westborough	1886	1,447	552	763.93	447.78	316.15	68,770.00	1,392,929.82	316,141.83	64,710.23	25,169.71	1,867,721.59		
Worcester	1833	2,176	831	589.16	412.16	177.00	467,130.00	2,100,798.29	477,065.66	69,848.14	35,952.27	3,150,794.36		
Monson (epileptic)	1898	1,425	202	661.79	543.54	118.25	17,645.00	1,710,629.14	347,483.55	42,333.88	14,045.77	2,132,137.34		
Total		19,876	7,277	8,120.06	5,928.41	2,191.65	\$1,820,233.45	\$25,905,106.83	\$4,039,282.17	\$644,534.38	\$228,131.35	\$32,637,288.18		
<i>Schools for Mental Defectives:</i>														
Belchertown	1922	1,302	105	774.10	632.10	142.00	\$32,302.25	\$2,689,527.43	\$354,076.77	\$55,624.89	\$4,328.38	\$3,135,859.72		
Walter E. Fernald	1848	1,856	162	2,051.69	1,745.69	306.00	150,261.00	2,070,059.38	405,282.68	85,480.58	25,398.94	2,736,482.58		
Wrentham	1907	1,837	215	590.00	419.00	171.00	31,362.00	1,763,021.11	392,150.78	71,086.33	19,304.68	2,276,924.90		
Total		4,995	482	3,415.79	2,796.79	619.00	\$213,925.25	\$6,522,607.92	\$1,151,510.23	\$212,191.80	\$49,032.00	\$8,149,267.20		
Grand Total		24,871	7,759	11,535.85	8,725.20	2,810.65	\$2,034,158.70	\$32,427,714.75	\$5,190,792.40	\$856,726.18	\$277,163.35	\$40,786,555.38		

¹During Statistical Year Ending September 30, 1934.²Taken over by State in 1908.³Part of Worcester State Hospital from 1877 to 1915.⁴Valuation as per Section 13 to 17, Chapter 58, General Laws.⁵Valuation by Committee of Comptroller and Representative of Institutional Departments.⁶Valuation as per Regulations of Department of Mental Diseases.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1934 — by Institutions*

INSTITUTIONS	Number Patients Actually in Institutions	Number Total Admissions ¹	NUMBER OF OFFICERS AND EMPLOYEES						NUMBER OF PATIENTS TO EACH				
			Total	Physicians	Resident Dentists	Industrial and Educational Department	Social Workers	Graduate Nurses	Other Nurses and Attendants	All Others	Resident Physician	Nurse and Attendant	Em- ployee
<i>Hospitals for Mental Diseases:</i>													
Boston Psychopathic Hospital	86	2,000	144	10	1	2	6	14	33	78	8.60	1.83	.60
Boston State Hospital	2,282	799	533	16	1	15	5	29	272	195	142.63	7.58	4.28
Danvers State Hospital	2,105	913	387	11	1	7	4	32	188	144	191.36	9.57	5.44
Foxborough State Hospital	1,161	300	230	8	1	6	2	11	105	97	145.13	10.01	5.04
Gardner State Colony	1,339	196	248	8	1	9	3	7	130	90	167.38	9.77	5.40
Grafton State Hospital	1,423	118	308	8	1	7	1	27	117	147	177.88	9.88	4.62
Medfield State Hospital	1,798	181	350	9	1	7	2	21	165	145	199.78	9.67	5.14
Metropolitan State Hospital	1,319	104	212	5	1	4	1	14	94	93	263.80	12.21	6.22
Northampton State Hospital	1,768	549	312	8	1	4	2	10	167	120	221.00	9.99	5.67
Taunton State Hospital	1,547	532	308	10	1	5	3	42	126	121	154.70	9.21	5.02
Westborough State Hospital	1,447	552	318	10	1	6	2	25	135	139	144.70	9.04	4.55
Worcester State Hospital	2,176	831	470	12	1	9	4	41	216	187	181.33	8.47	4.63
Monson State Hospital (epileptic)	1,425	202	312	8	1	5	2	19	161	116	178.13	7.92	4.57
Total	19,876	7,277	4,132	123	13	86	37	292	1,909	1,672	161.59	9.03	4.81
<i>Schools for Mental Defectives:</i>													
Belchertown State School	1,302	105	239	6	1	18	3	4	121	86	217.00	10.42	5.45
Walter E. Fernald State School	1,856	162	357	8	—	34	3	1	205	106	232.00	9.01	5.20
Wrentham State School	1,837	215	300	8	1	24	2	—	183	82	229.63	10.04	6.12
Total	4,995	482	896	22	2	76	8	5	509	274	227.05	9.72	5.58
Grand Total	24,871	7,759	5,028	145	15	162	45	297	2,418	1,946	171.52	9.16	4.95

¹During Statistical Year Ending September 30, 1934.

TABLE C. — *Average Weekly Per Capita Costs* for Maintenance and Operation for the Period 1917 to 1934, by Institutions*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923	1924	1925
<i>Mental Diseases:</i>									
B. Psycho. . .	\$25.95	\$30.91	\$32.29	\$36.90	\$41.84	\$42.38	\$50.92	\$48.57	\$48.94
Boston . . .	5.71	7.87	6.22	7.64	7.77	6.80	6.83	6.81	6.73
Danvers . . .	5.61	6.94	5.49	7.24	6.59	6.24	7.09	6.52	6.45
Foxborough . .	8.36	10.23	8.35	10.60	9.77	9.81	10.48	9.52	8.27
Gardner . . .	5.02	6.13	6.42	6.92	6.70	6.43	6.67	6.42	6.73
Grafton . . .	5.38	6.53	6.12	7.34	6.76	6.50	6.74	6.34	7.13
Medfield . . .	5.49	6.13	6.73	7.29	6.64	5.82	6.53	6.38	6.36
Metropolitan .	—	—	—	—	—	—	—	—	—
Northampton .	5.15	5.81	5.91	6.52	6.02	5.92	6.19	6.00	6.43
Taunton . . .	5.57	6.28	6.34	6.65	6.43	6.15	6.69	7.13	6.71
Westborough .	6.19	7.34	6.79	8.10	7.18	7.24	7.65	7.44	7.36
Worcester . .	5.26	5.89	5.66	6.42	6.40	6.13	6.51	6.58	6.78
Monson (epil.)	5.44	5.54	6.40	7.42	6.72	6.11	6.44	6.77	6.62
Average per capita cost including Psycho. . .	5.71	6.76	6.41	7.45	7.08	6.68	7.11	6.99	7.02
Average per capita cost excluding Psycho. . .	5.57	6.61	6.25	7.27	6.86	6.46	6.88	6.77	6.80
<i>Mental Defectives:</i>									
Belchertown . .	—	—	—	—	—	—	\$3.25	\$9.19	\$8.06
W. E. Fernald .	\$4.68	\$5.49	\$6.00	\$6.70	\$7.07	\$6.51	6.70	7.08	6.99
Wrentham . . .	4.57	5.61	5.54	6.95	6.80	6.43	7.34	6.79	6.81
Average per capita cost . .	\$4.64	\$5.54	\$5.80	\$6.81	\$6.95	\$6.47	\$7.65	\$7.32	\$7.14
Average per capita cost of all institutions	\$5.54	\$6.56	\$6.31	\$7.34	\$7.06	\$6.64	\$7.20	\$7.05	\$7.04

*This table is figured less sales, but not less paying patients and other receipts.

TABLE C. — *Average Weekly Per Capita Costs* for Maintenance and Operation for the Period 1917 to 1934, by Institution — Concluded*

INSTITUTIONS	1926	1927	1928	1929	1930	1931	1932	1933	1934
<i>Mental Diseases:</i>									
B. Psycho. . .	\$49.62	\$51.01	\$51.99	\$58.51	\$55.20	\$56.141	\$55.522	\$54.901	\$54.735
Boston . . .	6.83	6.94	7.00	7.15	7.18	7.054	6.937	6.385	6.551
Danvers . . .	6.93	6.80	6.79	7.24	6.97	6.789	6.27	5.584	5.745
Foxborough . .	8.50	8.85	8.08	7.81	7.75	7.526	6.704	5.851	6.288
Gardner . . .	6.37	6.64	6.81	6.93	6.95	6.658	6.017	5.468	5.405
Grafton . . .	6.36	6.85	6.80	6.98	7.37	7.509	6.623	6.048	6.183
Medfield . . .	6.04	6.58	6.55	6.97	6.82	6.605	6.175	5.484	5.569
Metropolitan .	—	—	—	—	—	6.900	5.359	4.842	5.257
Northampton .	6.23	6.41	6.64	6.43	6.22	6.003	5.421	4.678	5.117
Taunton . . .	6.56	7.28	7.26	7.38	7.35	7.002	6.312	5.724	5.80
Westborough .	7.32	8.75	7.78	7.50	7.32	7.301	6.826	5.788	6.079
Worcester . .	6.29	7.03	6.97	7.21	7.09	6.984	6.493	6.024	6.138
Monson (epil.)	6.52	6.85	6.89	6.99	7.42	6.922	6.248	5.738	6.016
Average per capita cost including Psycho. . .	\$6.86	\$7.22	\$7.28	\$7.37	\$7.33	\$7.137	\$6.508	\$5.849	\$6.04
Average per capita cost excluding Psycho. . .	\$6.65	\$7.00	\$7.04	\$7.13	\$6.97	\$6.916	\$6.304	\$5.665	\$5.865
<i>Mental Defectives:</i>									
Belchertown . .	\$7.86	\$8.03	\$8.02	\$8.42	\$8.03	\$7.807	\$6.546	\$5.599	\$6.047
W. E. Fernald .	7.16	7.18	7.09	7.09	7.19	7.158	6.661	5.672	5.87
Wrentham . . .	6.37	6.76	6.65	7.05	6.62	6.268	5.787	4.919	5.195
Average per capita cost . .	\$7.01	\$7.19	\$7.13	\$7.37	\$7.25	\$6.996	\$6.317	\$5.381	\$5.63
Average per capita cost of all institutions	\$6.89	\$7.21	\$7.25	\$7.37	\$7.32	\$7.111	\$6.472	\$5.760	\$5.96

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1934 inclusive.*

INSTITUTIONS	1917 %	1918 %	1919 %	1920 %	1921 %	1922 %	1923 %	1924 %	1925 %
<i>For Mental Diseases:</i>									
Boston Psychopathic	—	—	—	—	.06	2.45	1.55	3.68	2.05
Boston State	5.09	4.28	5.24	7.21	7.12	6.97	9.61	11.39	7.63
Danvers	5.71	4.47	7.31	7.49	8.71	11.69	11.02	14.72	12.32
Foxborough	3.08	1.36	1.65	3.97	4.21	4.49	3.95	7.17	6.29
Gardner	1.63	.75	.38	1.32	1.11	1.31	1.59	4.68	2.89
Grafton	2.06	1.52	2.26	2.76	2.59	3.16	2.04	5.13	1.98
Medfield	2.63	2.42	2.02	2.97	3.44	5.57	4.32	9.54	4.48
Metropolitan	—	—	—	—	—	—	—	—	—
Northampton	6.58	5.63	5.79	10.21	9.23	10.44	8.01	14.84	13.15
Taunton	5.22	3.88	3.68	5.40	6.59	6.82	7.34	10.64	8.36
Westborough	5.39	5.28	5.12	5.05	7.36	6.61	6.67	11.32	11.18
Worcester	4.61	4.85	5.12	7.10	6.37	6.98	6.59	11.81	6.62
Monson (epileptic)	2.35	2.86	2.31	2.06	1.99	2.54	2.15	3.32	4.82
Average	4.11	3.53	3.88	3.28	5.41	6.21	6.09	9.75	7.12
<i>For Mental Defectives:</i>									
Belchertown	—	—	—	—	—	—	.02	.20	.36
Walter E. Fernald	1.07	.78	.64	1.19	1.22	1.64	1.12	1.82	2.17
Wrentham	.41	.14	.15	.38	.28	1.40	.43	.46	1.04
Average	.81	.50	.44	.83	.81	1.53	.66	1.01	1.33
Grand Average	3.66	3.10	3.35	4.59	4.66	5.48	5.13	8.16	6.08
Family Care under Dept..	9.95	6.84	.60	—	—	18.25	—	4.21	23.67

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1934 inclusive — Concluded*

INSTITUTIONS	1926 %	1927 %	1928 %	1929 %	1930 %	1931 %	1932 %	1933 %	1934 %
<i>For Mental Diseases:</i>									
Boston Psychopathic	1.46	1.06	1.79	.61	.59	.87	.16	4.08	3.38
Boston State	15.27	15.26	13.95	12.05	12.21	13.04	10.34	11.45	10.65
Danvers	22.76	24.04	23.36	19.34	19.55	17.83	17.31	17.23	15.92
Foxborough	11.89	11.65	13.18	13.73	14.30	14.10	13.36	15.17	12.10
Gardner	6.82	7.70	7.38	8.79	9.19	7.49	7.62	7.66	6.21
Grafton	3.56	4.55	3.58	3.76	4.22	2.84	3.19	4.95	4.75
Medfield	6.18	6.77	7.63	6.26	6.02	5.92	7.25	6.97	8.72
Metropolitan	—	—	—	—	—	8.96	11.01	9.92	8.66
Northampton	30.10	28.72	25.83	25.86	23.18	24.21	22.87	22.06	19.34
Taunton	16.24	15.81	14.58	12.28	13.17	12.67	12.49	12.63	12.24
Westborough	31.31	31.62	30.32	30.35	29.45	30.14	25.41	28.27	23.59
Worcester	14.53	13.57	13.74	12.00	12.28	11.75	10.83	10.60	9.40
Monson (epileptic)	6.28	7.29	7.24	5.70	4.86	4.78	4.67	4.21	4.37
Average	14.78	14.82	14.36	13.12	12.99	12.53	11.86	12.49	11.25
<i>For Mental Defectives:</i>									
Belchertown	1.72	1.59	2.39	1.95	1.85	1.51	1.64	1.74	1.37
Walter E. Fernald	4.20	4.33	5.51	4.03	3.82	2.88	2.94	4.41	4.09
Wrentham	1.46	1.89	2.94	2.35	2.62	2.61	2.25	2.06	2.39
Average	2.73	2.87	3.90	2.93	2.90	2.42	2.35	2.90	2.76
Grand Average	12.57	12.66	12.49	11.27	11.16	10.67	10.15	10.78	9.70
Family Care under Dept..	6.30	4.59	4.26	5.54	3.65	—	—	6.12	—

NOTE: — See Tables showing number and percentage paying patients on page 126 for Institutions for the Insane, Feeble-minded and Epileptic, and page 126 for Institutions for the Feeble-minded.

TABLE E. — *Percentage of Total Net Expenditures by the State Expended for the Care of Mental Diseases, Mental Defectives, and Epileptics* from 1913 to 1934*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR	Total Expended by the State	Total Expended for Care of Insane, Feeble-minded and Epileptic	Per cent
1913	\$24,543,221.70	\$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62
1930	64,150,582.95	12,728,067.23	19.84
1931	75,282,580.95	12,408,228.22	16.48
1932	77,971,941.54	11,495,403.21	14.74
1933	64,091,084.85	8,921,067.31	13.92
1934	71,570,396.94	10,684,191.91	14.93

*Includes Department Institutions, Mental Wards at Tewksbury, Bridgewater State Hospital and Patients Boarded Out by Department.

NOTE: — The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available for prior to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as prior to this year many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

TABLE F. — *Number of Patients in State Institutions for the Insane, Feeble-minded, and Epileptic, and Overcrowding, September 30, 1934*

INSTITUTIONS	Capacity	Patients in Institutions	OVERCROWDING	
			Number	Percent- age
<i>Mental Hospitals</i>				
Worcester State Hospital	2,255	2,223	32 ¹	1.41
Taunton State Hospital	1,156	1,555	399	34.51
Northampton State Hospital	1,566	1,807	241	15.38
Danvers State Hospital	1,812	2,194	382	21.08
Westborough State Hospital	1,287	1,523	236	18.33
Boston State Hospital	1,959	2,298	339	17.30
Boston Psychopathic Hospital	109	75	34 ¹	31.19
Grafton State Hospital	1,292	1,415	123	9.52
Medfield State Hospital	1,604	1,766	162	10.09
Gardner State Colony	1,213	1,324	111	9.15
Foxborough State Hospital	987	1,169	182	18.43
Mental Wards, State Infirmary	603	577	26 ¹	4.31
Bridgewater State Hospital	908	911	3	.33
Metropolitan State Hospital	1,372	1,289	83 ¹	6.04
Total	18,123	20,126	2,003	11.05
<i>State Schools</i>				
Walter E. Fernald State School	1,432	1,829	397	27.72
Wrentham State School	1,328	1,821	493	37.12
Belchertown State School	1,133	1,283	150	13.23
Total	3,893	4,933	1,040	26.71
<i>Epileptic</i>				
Monson State Hospital	1,059	1,453	394	37.20
Aggregate	23,075	26,512	3,437	14.89

¹Decrease or undercrowding.

TABLE G. — Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1934, Inclusive

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients ¹	Percentage
1905				
State Hospitals	9,574	9,550	-24	-0.25
State Schools	1,002	1,028	26	2.59
Monson Hospital — Epileptic	462	521	59	12.77
Total	11,038	11,099	61	0.55
1906				
State Hospitals	10,098	9,706	-392	-3.88
State Schools	1,262	1,120	-142	-11.25
Monson Hospital — Epileptic	591	531	-60	-10.15
Total	11,951	11,357	-594	-4.97
1907				
State Hospitals	10,667	10,032	-635	-5.95
State Schools	1,262	1,228	-34	-2.69
Monson Hospital — Epileptic	699	570	-129	-18.45
Total	12,628	11,830	-798	-6.31
1908				
State Hospitals	10,667	10,774	107	1.01
State Schools	1,312	1,332	20	1.52
Monson Hospital — Epileptic	699	686	-13	-1.86
Total	12,678	12,792	114	0.89
1909				
State Hospitals	10,868	11,299	431	3.96
State Schools	1,582	1,443	-139	-8.78
Monson Hospital — Epileptic	699	695	-4	-0.57
Total	13,149	13,437	288	2.19
1910				
State Hospitals	10,962	11,792	830	7.57
State Schools	1,690	1,567	-123	-7.28
Monson Hospital — Epileptic	853	770	-83	-9.74
Total	13,505	14,129	624	4.62
1911				
State Hospitals	11,759	12,121	362	3.08
State Schools	1,720	1,642	-78	-4.54
Monson Hospital — Epileptic	853	851	-2	-2.34
Total	14,332	14,614	282	1.95
1912				
State Hospitals	12,083	12,594	511	4.23
State Schools	1,820	1,845	25	1.37
Monson Hospital — Epileptic	853	887	34	3.98
Total	14,756	15,326	570	3.86
1913				
State Hospitals	12,619	12,940	321	2.54
State Schools	2,063	1,922	-141	-6.82
Monson Hospital — Epileptic	853	922	69	8.09
Total	15,535	15,784	249	1.60
1914				
State Hospitals	12,770	13,239	469	3.68
State Schools	2,088	2,194	106	5.07
Monson Hospital — Epileptic	976	963	-13	-1.33
Total	15,834	16,396	562	3.54
1915				
State Hospitals	12,980	13,771	791	6.10
State Schools	2,488	2,309	-179	-7.19
Monson Hospital — Epileptic	968	1,015	47	4.86
Total	16,436	17,095	659	4.03

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1934, Inclusive — Con.*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients ¹	Percentage
1916				
State Hospitals	13,190	14,061	871	6.60
State Schools	2,628	2,582	-46	-1.74
Monson Hospital — Epileptic	967	993	26	2.67
Total	16,785	17,636	851	5.07
1917				
State Hospitals	13,431	14,392	961	7.15
State Schools	2,718	2,673	-45	-1.66
Monson Hospital — Epileptic	967	1,042	75	7.76
Total	17,116	18,107	991	5.78
1918				
State Hospitals	13,479	14,522	1,043	7.76
State Schools	2,718	2,763	45	1.65
Monson Hospitals — Epileptic	967	954	-13	-1.35
Total	17,164	18,239	1,075	6.26
1919				
State Hospitals	13,724	14,295	571	4.16
State Schools	2,823	2,739	-84	-2.97
Monson Hospital — Epileptic	967	922	-45	-4.65
Total	17,514	17,956	442	2.51
1920				
State Hospitals	14,101	14,726	625	4.43
State Schools	2,823	2,820	-3	-0.11
Monson Hospital — Epileptic	967	960	-7	-0.72
Total	17,891	18,506	615	3.44
1921				
State Hospitals	14,207	15,392	1,185	8.34
State Schools	2,823	2,941	118	4.18
Monson Hospital — Epileptic	967	1,036	69	7.15
Total	17,997	19,369	1,372	7.63
1922				
State Hospitals	14,362	15,697	1,335	9.31
State Schools	2,823	2,849	26	0.92
Monson Hospital — Epileptic	967	1,113	146	15.10
Total	18,152	19,659	1,507	8.30
1923				
State Hospitals	14,654	15,692	1,308	8.91
State Schools	3,498	3,239	-259	-7.41
Monson Hospital — Epileptic	967	1,089	122	12.61
Total	19,119	20,290	1,171	6.13
1924				
State Hospitals	14,741	16,356	1,615	10.92
State Schools	3,498	3,460	-38	-1.08
Monson Hospital — Epileptic	967	1,159	192	19.81
Total	19,206	20,975	1,769	9.22
1925				
State Hospitals	14,924	16,808	1,884	12.60
State Schools	3,498	3,593	95	2.71
Monson Hospital — Epileptic	967	1,182	215	22.23
Total	19,389	21,583	2,194	11.31
1926				
State Hospitals	15,123	16,989	1,866	12.32
State Schools	3,498	3,660	162	4.68
Monson Hospital — Epileptic	967	1,160	193	19.96
Total	19,588	21,809	2,221	11.34

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1934, Inclusive — Con.*

INSTITUTIONS BY YEARS		Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
				Excess Number of Patients ¹	Percentage
1927					
State Hospitals		15,821	17,386	1,565	9.89
State Schools		3,498	3,787	289	8.26
Monson Hospital — Epileptic.		967	1,211	244	25.33
Total		20,286	22,384	2,098	10.34
1928					
State Hospitals		16,063	17,783	1,720	10.71
State Schools		3,550	3,912	362	10.19
Monson Hospital — Epileptic.		967	1,214	247	25.54
Total		20,580	22,908	2,329	11.31
1929					
State Hospitals		16,161	18,150	1,989	12.30
State Schools		3,654	3,941	287	7.85
Monson Hospital — Epileptic		1,037	1,241	204	19.67
Total		20,852	23,332	2,480	11.89
1930					
State Hospitals		16,270	18,558	2,288	14.06
State Schools		3,866	4,159	293	7.58
Monson Hospital — Epileptic.		1,131	1,290	159	14.05
Total		21,267	24,007	2,740	12.88
1931					
State Hospitals		17,752	19,106	1,354	7.62
State Schools		4,061	4,412	351	8.64
Monson Hospital — Epileptic.		1,131	1,340	209	18.47
Total		22,944	24,858	1,914	8.34
1932					
State Hospitals		17,883	19,460	1,577	8.81
State Schools		4,297	4,566	269	6.26
Monson Hospital — Epileptic		1,171	1,396	225	19.21
Total		23,351	25,422	2,071	8.86
1933					
State Hospitals		18,123	19,806	1,683	9.28
State Schools		3,893	4,771	878	22.55
Monson Hospital — Epileptic.		1,059	1,412	353	33.33
Total		23,075	25,989	2,914	12.62
1934					
State Hospitals		18,123	20,126	2,003	11.05
State Schools		3,893	4,933	1,040	26.71
Monson Hospital — Epileptic.		1,059	1,453	394	37.20
Total		23,075	26,512	3,437	14.89

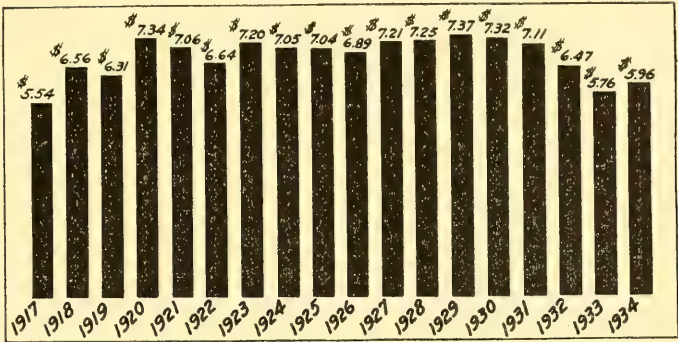
¹Minus sign indicates decrease in number of patients or percentage undercrowding.

TABLE H. — *Paying Patients, Number and Percent in State Hospitals on September 30, 1904-1934, inclusive*¹

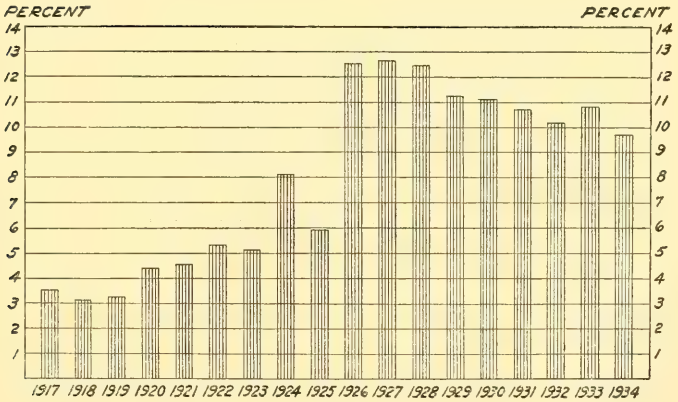
YEAR	Number of Patients in Institutions	Number of Paying Patients	Percentage of Resident Patients
1904.	10,100	1,189	11.7
1905.	10,071	1,217	12.1
1906.	10,237	1,299	12.7
1907.	10,602	1,300	12.3
1908.	11,460	1,390	12.1
1909.	11,994	1,488	12.4
1910.	12,562	1,462	11.6
1911.	12,972	1,521	11.3
1912.	13,481	1,585	11.8
1913.	13,949	1,603	11.5
1914.	14,202	1,503	10.6
1915.	14,786	1,506	10.2
1916.	15,054	1,535	10.2
1917.	15,434	1,512	9.8
1918.	15,476	1,595	10.3
1919.	15,217	1,548	10.2
1920.	15,678	1,526	9.7
1921.	15,428	1,683	10.2
1922.	16,810	1,604	9.4
1923.	17,051	1,985	11.6
1924.	17,515	1,916	10.9
1925.	17,990	2,051	11.4
1926.	18,149	2,194	12.1
1927.	18,573	2,282	12.3
1928.	18,997	2,336	12.2
1929.	19,391	2,345	12.0
1930.	19,848	2,361	11.0
1931.	20,446	2,310	11.2
1932.	20,856	2,219	10.6
1933.	21,218	2,156	10.1
1934.	21,579	1,909	8.8

¹Includes Mental Wards, Tewksbury, and BridgewaterTABLE J. — *Paying Patients, Number and Percent in State Schools on September 30, 1904-1934, Inclusive.*

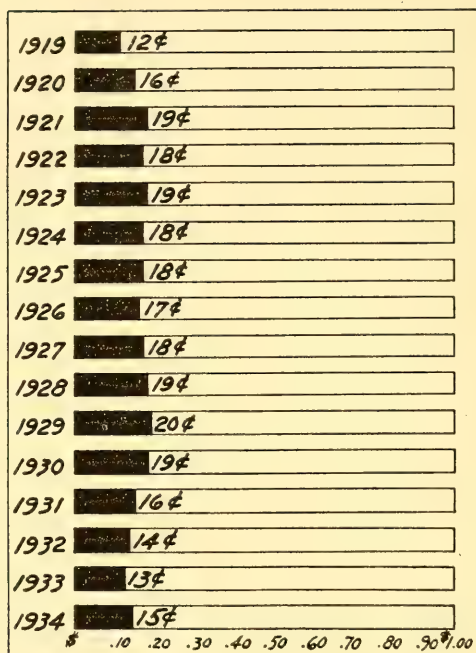
YEAR	Number of Patients in Schools	Number of Paying Patients	Percentage of Resident Patients
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	174	4.4
1929	3,941	151	3.8
1930	4,159	186	4.4
1931	4,412	192	4.3
1932	4,566	186	4.0
1933	4,771	192	4.0
1934	4,993	197	3.9



GRAPH A. — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE, 1917 TO 1934



GRAPH B. — PER CENT OF COST OF MAINTENANCE FOR ALL PATIENTS, COLLECTED FROM PAYING PATIENTS, 1917 TO 1934



GRAPH C. — PORTION OF EVERY STATE DOLLAR
EXPENDED ON MENTAL DISEASES, 1919 TO 1934

STATISTICAL REVIEW

MENTAL DISEASES

Section A. General Discussion of All Classes under Treatment in Mental Hospitals, 1934, and Previous years

Section A is devoted to a general discussion of all classes under treatment and presents material in reference to the care of mental patients in Massachusetts for the years 1904-1934. Other items of general interest are outlined.

ALL CLASSES UNDER TREATMENT, 1934

Table 1 shows the total number of patients of all classes under treatment in public and private institutions on September 30, 1934, and comprises cases actually within institutions.

TABLE 1. — *Patients of All Classes Within Institutions on September 30, 1934*

INSTITUTIONS	Total All Forms	With Psychoses	WITHOUT PSYCHOSES				
			Epileptic and Mentally Defective	Epileptic	Mentally Defective	Borderline or Dull ¹	Other Groups
<i>Mental Hospitals</i>							
Boston State	2,298	2,279	—	2	10	—	7
Boston Psychopathic	75	62	—	1	3	—	9
Danvers	2,194	2,187	—	—	1	—	6
Foxborough	1,169	1,164	—	—	5	—	—
Gardner	1,324	1,280	1	—	39	—	4
Grafton	1,415	1,414	—	—	—	—	1
Medfield	1,766	1,765	—	—	—	—	1
Metropolitan	1,289	1,289	—	—	—	—	—
Northampton	1,807	1,783	1	—	21	—	2
Taunton	1,555	1,550	—	—	—	—	5
Westborough	1,523	1,508	—	—	1	—	14
Worcester	2,223	2,207	1	—	3	—	12
Monson (Epileptic)	1,453	538	853	39	14	—	9
Mental Defectives Super- vised by Division of Men- tal Deficiency	192	—	—	3	189	—	—
Total	20,283	19,026	856	45	286	—	70
<i>State Schools</i>							
Belchertown	1,283	—	19	—	1,228	36	—
Walter E. Fernald	1,829	—	68	—	1,718	43	—
Wrentham	1,821	—	126	—	1,623	72	—
Total	4,933	—	213	—	4,569	151	—
<i>Other Public Institutions</i>							
Mental Wards (State In- firmary)	577	565	—	—	12	—	—
Bridgewater	911	883	—	1	25	—	2
Infirmary	228	112	—	37	79	—	—
Hospital Cottages for Chil- dren	104	—	—	1	95	—	8
Total	1,820	1,560	—	39	211	—	10
<i>Private and Governmental Institutions</i>							
McLean Hospital	192	185	—	1	—	—	6
Vet. Admin. Facility No. 95	602	595	—	—	2	—	5
Vet. Admin. Facility No. 107	823	819	—	—	1	—	3
Eighteen other private Inst.	299	147	—	6	85	—	61
Total	1,916	1,746	—	7	88	—	75
Total — All Classes under Treatment	28,952	22,332	1,069	91	5,154	151	155

¹Patients not mentally defective, I.Q. .70 or over.

There were 28,952 patients of all classes under treatment in institutions (both public and private) on September 30, 1934. Compared with the population of Massachusetts as of April 1934*, this makes a rate of 656 patients under treatment for each 100,000 in the general population, or approximately one person in 152.

*Estimated population as of April 1, 1934 — 4,408,514.

Of this total number, 22,332 (77.0 per cent) were insane; 1,069 (3.7 per cent) were both epileptic and mentally defective; 91 (.3 per cent) were epileptic; 5,154 (17.8 per cent) were mentally defective; 151 (.5 per cent) were borderline or dull admissions; and 155 (.5 per cent) were classified as "other groups without psychoses".

The total number under care in public institutions was 27,036 or 93.4 per cent. The total number under care in private institutions was 1,916 or 6.6 per cent.

During the last statistical year the number of patients under treatment increased from a total of 28,464 on September 30, 1933 to a total of 28,952 on September 30, 1934, an increase of 488 patients. Those under care in private institutions showed an increase of 114 patients during the year.

(a) *The Mentally Ill*

The total cases held as insane in institutions on September 30, 1934, numbered 22,332. This is at the rate of 506 per 100,000 of the population of the State, or one to every 197 of the population.

The total insane in state institutions numbered 20,586, a rate of 466 per 100,000 of the population of the State, or one to every 214 of the population. There was an increase over the previous year of 331 in the insane actually within public institutions.

The total insane under private care increased 92 as compared with an increase of 169 for the year 1933.

(b) *The Epileptic and Mentally Defective*

There were 1,069 patients who were both epileptic and mentally defective under treatment in public institutions at the end of the year. Eight hundred and fifty-three, or 79 per cent of these were at the Monson State Hospital for Epileptics. Two hundred and thirteen patients at the three State schools had epilepsy in addition to their mental defect. The rate per 100,000 of the population for this group is 24.

(c) *The Epileptic Sane*

The epileptic population not classified as insane numbered 91, most of whom were cared for in public institutions. The rate for this group is 2 per 100,000 of the population of the State, or one out of every 50,000 of the population.

(d) *The Mentally Defective*

There were 88 mentally defective cases in private institutions and 5,066 cases in public institutions, making a total of 5,154 cases in both public and private institutions. This is at the rate of 116 per 100,000 of the population of the State, or one out of every 862 of the population. There was an increase of 218 for the year as compared with an increase of 141 for the previous year.

(e) *Borderline or Dull*

One-hundred and fifty-one cases were classified as "borderline" or "dull" during the last statistical year. These comprise entirely children who were admitted to State schools for the mentally defective. The rate for this group is 3 per 100,000 of the general population.

(f) *Other Groups Without Psychoses*

Patients in both public and private institutions classified under "other groups without psychoses" numbered 155, with 80 or 51.6 per cent of this number in public institutions, and 75 or 48.4 per cent in private institutions. The rate for this class as a whole is 3 admissions per each 100,000 of the general population of the State. In the above group are included such cases as alcoholism, drug addiction, psychopathic personality, or other cases admitted to hospitals but not included in sections (b), (c), (d) or (e) above.

PATIENTS ON BOOKS AND ANNUAL INCREASE, 1904-1934

Table 2 shows the total number of patients on the books of all public and private institutions for the statistical years ended September 30, 1904-1934, inclusive. The insane in State hospitals have shown an increase of 13,582 patients over the 31-year period, representing a percentage increase of 129.1. The number of patients in schools for the mentally defective showed an increase of 4,563 over the same period, representing a percentage increase of 538.7. The total increase of all patients on the books of both public and private institutions since 1904 was 19,796 representing a percentage increase of 169.1.

TABLE 2. — *Patients on Books of All Public and Private Institutions September 30, 1904-1934 and Annual Increase.*

YEAR	TOTAL		STATE HOSPITALS ¹		STATE SCHOOLS		PRIVATE INSTITUTIONS		MENTALLY DEFECTIVE
	Number	Annual Increase	Number	Annual Increase	Number	Annual Increase	Number	Annual Increase	
1904.	11,705	1,018	10,519	980	847	47	259	-1 ³	80
1905.	12,495	790	11,111	592	1,028	181	279	20	77
1906.	13,159	664	11,665	554	1,120	92	298	-19	76
1907.	13,602	443	12,021	356	1,228	108	276	-22	77
1908.	14,440	838	12,752	731	1,332	104	282	6	74
1909.	15,107	667	13,298	546	1,443	111	293	11	73
1910.	15,996	889	13,968	670	1,654	211	294	1	80
1911.	16,859	863	14,720	752	1,772	118	273	-21	94
1912.	17,640	781	15,274	554	1,985	213	283	10	98
1913.	18,396	756	15,964	690	2,049	64	293	10	96
1914.	18,414	18	15,759	-205	2,366	317	222	-71	67
1915.	19,196	782	16,434	675	2,471	105	229	7	62
1916.	20,203	1,007	17,020	586	2,873	402	250	21	60
1917.	20,659	456	17,403	383	2,947	74	250	-	59
1918.	21,510	851	17,934	531	3,115	168	297	47	164
1919.	21,578	68	17,919	-15	3,219	104	281	-5	159
1920.	21,716	138	18,123	204	3,163	-56	269	-12	161
1921.	22,556	840	18,738	615	3,375	37	306	37	137
1922.	23,199	643	19,467	729	3,315	-60	285	-21	132
1923.	23,964	765	19,774	307	3,762	447	286	-3	146
1924.	24,897	933	20,043	269	4,075	313	629	347	150
1925.	25,565	668	20,526	483	4,135	50	765	136	149
1926.	25,646	81	20,607	81	4,145	20	737	-28	157
1927.	25,911	265	20,843	236	4,162	17	747	10	165
1928.	26,802	891	21,218	375	4,304	142	1,120 ²	373	170
1929.	27,289	477	21,575	357	4,363	59	1,124	4	227
1930.	28,461	1,172	22,313	738	4,557	194	1,389	265	202
1931.	29,206	745	22,672	359	4,815	258	1,534	145	185
1932.	29,918	712	23,234	562	4,957	142	1,536	2	191
1933.	30,872	954	23,821	587	5,202	245	1,674	138	175
1934.	31,501	629	24,101	280	5,410	208	1,797	123	193
Average — 31 years	(671)	(469)	(148)	(44)	(3)				

¹Includes McLean Hospital, Bridgewater, Tewksbury and Insane Patients in Family Care under the Department.²Increase largely due to Veterans' Administration Facility No. 107 becoming a licensed institution August 11, 1928.³Minus sign indicates decrease.

There has been an average annual increase of 671 patients on the books of all institutions over the past 31 years. This increase was greatest for the State hospitals, the average of patients being 469 per year. The State schools as a group showed an average increase of 148 patients per year. The private institutions for insane, inebriates, etc., and private institutions for the mentally defective, showed average annual increases of 44 and 3 respectively.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904-1934

Table 3 shows the number of patients actually within public institutions on September 30 of each year from 1904 to 1934, inclusive, and the annual increase for each year. It will be observed that since 1904 there has been a total increase of 15,999 patients actually occupying hospital beds, representing a percentage increase of 152.2. The average annual increase over the 31-year period is 546.

The number of patients within the State Hospitals has shown a total increase of 11,913 since 1904, and a percentage increase of 123.2. The average annual increase was 413. The patients within State schools showed an increase of 4,086 over the 31-year period, a percentage increase of 482.4. The average annual increase was 133.

TABLE 3. — *Total Patients Within Institutions September 30, 1904-1934, and Annual Increase*

YEAR	TOTAL		STATE HOSPITALS ¹		STATE SCHOOLS	
	Number	Annual Increase	Number	Annual Increase	Number	Annual Increase
1904	10,513	944	9,666	897	847	47
1905	11,099	586	10,071	405	1,028	181
1906	11,357	258	10,237	166	1,120	92
1907	11,830	473	10,602	365	1,228	108
1908	12,792	962	11,460	858	1,332	104
1909	13,437	645	11,994	534	1,443	111
1910	14,129	692	12,562	568	1,567	124
1911	14,614	485	12,972	410	1,642	75
1912	15,326	712	13,481	509	1,845	203
1913	15,784	458	13,862	381	1,922	77
1914	16,396	612	14,202	340	2,194	272
1915	16,966	570	14,657	455	2,309	115
1916	17,636	670	15,054	397	2,582	273
1917	18,107	471	15,434	380	2,673	91
1918	18,239	132	15,476	42	2,763	90
1919	18,148	-91 ²	15,409	-67	2,739	-24
1920	18,506	358	15,686	277	2,820	81
1921	19,369	863	16,428	742	2,941	121
1922	19,659	290	16,810	382	2,849	-92
1923	20,290	631	17,051	241	3,239	390
1924	20,975	685	17,515	464	3,460	221
1925	21,583	608	17,990	475	3,593	133
1926	21,809	226	18,149	159	3,660	67
1927	22,384	575	18,597	448	3,787	127
1928	22,909	525	18,997	400	3,912	125
1929	23,332	423	19,391	394	3,941	29
1930	24,007	675	19,848	457	4,159	218
1931	24,858	851	20,446	598	4,412	253
1932	25,422	564	20,856	410	4,566	154
1933	25,989	567	21,218	362	4,771	205
1934	26,512	523	21,579	361	4,933	162
Average 31 years		(546)		(413)		(133)

¹Includes Bridgewater, (Criminal Insane) and Tewksbury (State Infirmary).

²Minus sign indicates decrease.

PATIENTS ON VISIT FROM STATE HOSPITALS

The total number of patients out "on visit" and "on escape" for each year, 1904-1934, inclusive, is shown in Table 4. As will be observed, the percentage out showed a steady increase from 1904 to 1919. Since 1920 it has been possible to differentiate the visits and escapes, and the number and percentages of these are given separately for the years 1920 through 1934.

The percentage of patients "on visit" has varied somewhat during the last fifteen years and shows a slight tendency to decrease. The percentage of patients "on escape" shows less variation, but, here, too, there is a tendency to decrease during the last four years.

TABLE 4. — *Patients on Visit and Escape from State Hospitals on September 30, 1904-1934: Numbers and Percentages*

YEAR	Total Patients on Books ¹	Patients on Visit and Escape	Patients on Visit	Patients on Escape	Percentage on Visit and Escape	Percentage on Visit	Percentage on Escape
1904	9,553	248	—	—	2.6	—	—
1905	10,076	400	—	—	3.9	—	—
1906	10,505	641	—	—	6.1	—	—
1907	10,904	693	—	—	6.3	—	—
1908	11,594	556	—	—	4.7	—	—
1909	12,117	584	—	—	4.8	—	—
1910	12,663	643	—	—	5.1	—	—
1911	13,179	845	—	—	6.4	—	—
1912	13,558	787	—	—	5.8	—	—
1913	14,092	719	—	—	6.5	—	—
1914	14,546	969	—	—	6.7	—	—
1915	15,415	992	—	—	6.4	—	—
1916	15,967	1,254	—	—	7.8	—	—
1917	16,302	1,328	—	—	8.1	—	—
1918	16,811	1,775	—	—	10.5	—	—
1919	16,866	1,902	—	—	11.2	—	—
1920	17,067	—	1,681	191	—	9.8	1.1
1921	17,654	—	1,521	237	—	8.6	1.3
1922	18,327	—	1,864	285	—	10.1	1.5
1923	18,615	—	1,821	361	—	9.7	1.9
1924	18,868	—	1,723	324	—	9.1	1.7
1925	19,330	—	1,649	381	—	8.5	1.9
1926	19,386	—	1,651	282	—	8.5	1.4
1927	19,615	—	1,524	257	—	7.7	1.3
1928	20,058	—	1,496	250	—	7.4	1.2
1929	20,349	—	1,502	197	—	7.3	.9
1930	21,023	—	1,742	222	—	8.2	1.0
1931	21,311	—	1,514	178	—	7.1	.8
1932	22,029	—	1,679	147	—	7.6	.6
1933	22,365	—	1,817	160	—	8.1	.7
1934	22,638	—	1,764	138	—	7.8	.6

¹All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding sane epileptics at Monson.

TABLE 5. — *Number of Visits during the Year 1934, by Institution Sex and: Rates per 1,000 Daily Average Population on Books*

INSTITUTIONS	DAILY AVERAGE POPULATION			NUMBER OF VISITS DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Psychopathic	72.	50.	122.	48	28	76	666.6	560.0	622.9
Danvers	1,165.	1,321.	2,486.	523	416	939	448.9	314.9	377.7
Monson	742.	761.	1,503.	319	206	525	429.9	151.4	349.0
Northampton	961.	1,093.	2,054.	194	313	507	201.8	286.3	246.8
Worcester	1,282.	1,360.	2,642.	358	290	648	279.2	213.2	245.1
Taunton	874.	872.	1,746.	163	197	360	186.4	225.9	206.1
Foxborough	568.	693.	1,261.	92	158	250	161.9	227.9	198.0
Westborough	757.	989.	1,746.	151	191	342	199.4	193.1	195.8
Boston State	1,020.	1,446.	2,466.	207	207	414	202.9	143.1	167.8
Metropolitan	625.	646.	1,271.	55	101	156	88.0	156.3	122.7
Gardner	836.	663.	1,499.	50	80	130	59.8	120.6	86.6
Medfield	792.	1,094.	1,886.	48	96	144	60.6	87.7	76.3
Grafton	665.	775.	1,440.	15	20	35	22.5	25.8	24.3
Total	10,359.	11,763.	22,122.	2,223	2,303	4,526	214.5	195.7	204.5
McLean	85.	133.	218.	32	50	82	376.4	375.9	376.1
Vets. Adm. Fac. No. 107	850.	—	850.	160	—	160	188.2	—	188.2
Vets. Adm. Fac. No. 95	625.	—	625.	117	—	117	187.2	—	187.2
Tewksbury	114.	481.	595.	—	3	3	—	6.2	5.0
Bridgewater	940.	—	940.	2	—	2	2.1	—	2.1
Total	2,614.	614.	3,228.	311	53	364	118.9	86.3	112.7
Grand Total	12,973.	12,377.	25,350	2,534	2,356	4,890	195.3	190.3	192.8

TABLE 6. — *Visits, Escapes and Family Care and Returns, 1934, by Month: Number and Rates per 1,000 Cases on Books*¹

	TOTAL			OCTOBER			NOVEMBER			DECEMBER			JANUARY			FEBRUARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit . . .	2,225	2,306	4,531	143	166	309	255	251	506	292	297	589	107	123	230	98	98	196
Returned from Visit . . .	1,669	1,599	3,268	120	118	238	85	81	166	275	259	534	206	166	372	71	68	139
On Escape . . .	219	48	267	26	9	35	13	3	16	8	—	8	15	1	16	5	2	7
Returned from Escape . . .	219	59	278	28	11	39	10	3	13	10	—	10	19	6	25	8	1	9
Placed in Family Care . . .	28	207	235	7	23	30	2	18	20	—	24	24	2	9	11	—	15	15
Returned from Family Care . . .	27	161	188	1	13	14	1	8	9	2	13	15	6	7	13	1	6	7
On Books at End of Month . . .	137,465	147,263	284,728	11,360	12,250	23,610	11,347	12,225	23,572	11,383	12,203	23,586	11,445	12,201	23,646	11,437	12,202	23,639
Visit Rate per 1,000 on Books . . .	16.2	15.7	15.9	12.6	13.6	13.1	22.5	20.5	21.5	25.7	24.3	25.0	9.3	10.1	9.7	8.6	8.0	8.3
Return rate per 1,000 on Books . . .	12.1	10.9	11.5	10.6	9.6	10.1	7.5	6.6	7.0	24.2	21.2	22.6	18.0	13.6	15.7	6.2	5.6	5.9

	MARCH			APRIL			MAY			JUNE			JULY			AUGUST			SEPTEMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on Visit . . .	192	181	373	148	158	306	198	211	409	205	205	410	216	240	456	196	173	369	175	203	378
Returned from Visit . . .	81	75	156	155	137	292	114	124	238	127	127	254	171	155	326	124	134	258	140	155	295
On Escape . . .	12	5	17	20	2	22	19	3	22	33	7	40	22	4	26	23	7	30	23	5	28
Returned from Escape . . .	17	11	28	21	3	24	20	4	24	24	5	29	23	5	28	23	3	26	16	7	23
Placed in Family Care . . .	4	9	13	4	18	22	—	17	17	—	15	15	3	15	18	3	16	19	3	28	31
Returned from Family Care . . .	4	11	15	2	20	22	1	16	17	5	24	29	1	12	13	3	10	13	—	21	21
On Books at End of Month . . .	11,474	12,244	23,718	11,484	12,273	23,757	11,477	12,315	23,792	11,505	12,309	23,814	11,520	12,303	23,823	11,535	12,364	23,899	11,498	12,374	23,872
Visit Rate per 1,000 on Books . . .	16.7	14.8	15.7	12.9	12.9	12.9	17.3	17.1	17.2	17.8	16.7	17.2	18.8	19.5	19.2	17.0	14.0	15.4	15.2	16.4	15.8
Return Rate per 1,000 on Books . . .	7.1	6.1	6.6	13.5	11.2	12.3	9.9	10.1	10.0	11.0	10.3	10.7	14.8	12.6	13.7	10.8	10.8	10.8	12.2	12.5	12.4

¹Includes all State Hospitals, Bridgewater and Tewksbury.

While Table 4 gave the number of patients out of institutions at the end of the statistical year, Table 5 totals the number of visits taking place during the entire year. For each institution we have totaled the number of visits of patients during the entire year and have calculated a visit rate based on the total daily average population. The Psychopathic Hospital shows the highest rate with 622 visits per 1,000 of the daily average population. Danvers is second with a rate of 377; Monson third with 349; Northampton fourth with 246; and Worcester fifth with 245. The rate for the entire State Hospital group is 204. The males, with a rate of 214, show a greater tendency to go out on visit than the females, who present a rate of 195. The low rates demonstrated by Gardner, Grafton and Medfield are accounted for by the fact that these institutions to a large extent care for transferred patients of a chronic type.

Table 6 presents the number of visits, escapes and cases placed in family care during each month of 1934 and also the cases returned each month. The visit rates and the return rates show the tendency for patients to go out more frequently during certain months of the year. Comparing the number of visits with the number of cases on the books we find that the fewest patients go out in the months of January and February, the rates being 9.7 and 8.3, respectively. There is a gradual rise to higher levels as the warmer months of May, June, July and August are approached. The highest visit rates for the year per 1,000 patients on the books are 21.5 and 25.0 seen in the two holiday months of November and December. In general, the rates for cases returned from visit follow the general trend observed in the visit rates themselves. The only month during which the return exceeds the visit rate is in January. In all other months the visit rates are higher, this being accounted for by the fact that a certain proportion of cases sent on visit never return to the hospital but are discharged from the visit status.

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER THE DEPARTMENT 1934

During 1934, 266 new cases were admitted to family care under the authority of the trustees of the various State Hospitals (Table 7). This is an increase of 43 over the previous year. At the beginning of the statistical year, (October 1, 1933), there were 265 patients remaining in family care, while at the close of the year, (September 30, 1934), there were 277 patients remaining. No cases were admitted to family care under the Department of Mental Diseases during 1934. At the beginning of the year there were 14 cases, but these were discharged shortly after the end of the statistical year.

TABLE 7. — *Family Care Under Institution Trustees and Under the Department during 1934*

HOSPITALS	Patients in Family Care Sept. 30, 1933			Number ad- mitted during year			Number dis- charged during year			Patients remain- ing in Family Care Sept. 30, 1934		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston	—	11	11	—	15	15	—	16	16	—	10	10
Danvers	—	8	8	—	5	5	—	4	4	—	9	9
Foxborough	—	—	—	—	1	1	—	—	—	—	1	1
Gardner	4	79	83	4	80	84	8	61	69	—	98	98
Grafton	1	13	14	4	33	37	1	31	32	4	15	19
Medfield	—	11	11	—	4	4	—	5	5	—	10	10
Metropolitan	—	2	2	—	—	—	—	1	1	—	—	—
Northampton	—	4	4	—	7	7	—	7	7	—	1	1
Taunton	—	3	3	—	—	—	—	1	1	—	4	4
Westborough	12	16	28	2	18	20	3	15	18	11	19	30
Worcester	17	70	87	15	78	93	12	75	87	20	73	93
Totals for Hospitals	34	217	251	25	241	266	24	216	240	35	242	277
Under Department	—	14	14	—	—	—	—	14	14	—	—	—
Grand Total	34	231	265	25	241	266	24	230	254	35	242	277

EX-SERVICE MEN IN STATE HOSPITALS, 1928-1934

On September 30, 1928 there were 387 ex-service men in State hospitals, while on September 30, 1934 there were 422 (Table 8). The daily average number on the books during each statistical year increased from 409.18 in 1928 to 427.20 in 1934. The daily average number actually cared for during the seven-year period however, decreased from 393.97 to 379.34.

TABLE 8. — *Ex-Service Men in State Hospitals, 1928-1934: Daily Average Numbers*¹

YEAR	Number on Books September 30			Daily Average Number on Books during Year			Daily Average Number Actually in Hospital during Year		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928	387	—	387	408.18	1.00	409.18	392.97	1.00	393.97
1929	414	7	421	409.07	7.35	416.42	350.46	6.36	356.82
1930	369	5	374	368.03	4.62	372.65	329.94	4.62	334.56
1931	360	8	368	371.24	7.15	378.39	339.55	7.15	346.70
1932	401	8	409	415.39	9.00	429.39	380.34	8.62	388.96
1933	383	8	391	417.22	8.00	425.22	374.86	8.00	382.86
1934	416	6	422	421.45	5.75	427.20	374.18	5.16	379.34

¹Includes all State Hospitals, Bridgewater and Tewksbury.

Section B. All Admissions to Mental Hospitals during 1934

The following section discusses data in reference to regular court, temporary care, observation, voluntary admissions, and transfers to State Hospitals during 1934. The discussion of all readmitted cases is likewise included in this section.

TABLE 9. — *First and Readmissions to State Hospitals, 1928-1934, inclusive, by Form of Admission and Sex*¹

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1928	T.	6,166	5,008	3,075	1,422	341	170	1,158	682	313	117	46
	M.	3,335	2,757	1,628	793	230	106	578	320	158	77	23
	F.	2,831	2,251	1,447	629	111	64	580	362	155	40	23
1929	T.	6,077	4,897	2,970	1,422	347	158	1,180	652	312	148	68
	M.	3,243	2,604	1,523	739	254	88	639	324	177	98	40
	F.	2,834	2,293	1,447	683	93	70	541	328	135	50	28
1930	T.	6,421	5,129	3,102	1,371	457	199	1,292	711	312	201	68
	M.	3,445	2,778	1,611	719	332	116	667	323	175	131	38
	F.	2,976	2,351	1,491	652	125	83	625	388	137	70	30
1931	T.	6,632	5,271	3,034	1,487	537	213	1,361	746	348	200	67
	M.	3,574	2,850	1,534	808	383	125	724	361	198	131	34
	F.	3,058	2,421	1,500	679	154	88	637	385	150	69	33
1932	T.	6,660	5,301	3,057	1,497	535	212	1,359	714	374	199	72
	M.	3,641	2,941	1,594	824	398	125	700	337	210	116	37
	F.	3,019	2,360	1,463	673	137	87	659	377	164	83	35
1933	T.	6,790	5,381	3,164	1,555	494	168	1,409	703	403	232	71
	M.	3,686	2,983	1,653	867	359	104	703	325	205	141	32
	F.	3,104	2,398	1,511	688	135	64	706	378	198	91	39
1934	T.	6,824	5,304	3,143	1,474	502	185	1,520	687	506	242	85
	M.	3,781	2,954	1,684	827	345	98	827	323	296	160	48
	F.	3,043	2,350	1,459	647	157	87	693	364	210	82	37

¹Includes all State Hospitals, Bridgewater and Tewksbury. Also includes sane dangerous cases at Monson.

ALL FIRST AND READMISSIONS, 1928-1934, INCLUSIVE

Table 9 shows the total number of cases admitted under the various legal forms of admission for all first and readmissions during the seven-year period 1928-1934, inclusive. In the aggregate for both groups, it will be observed that the total ad-

missions decreased from 6,166 in 1928 to 6,077 in 1929, but showed a steady increase thereafter to 6,824 in 1934. First admissions by court commitment show more fluctuation than any of the other admission groups, the number admitted on this form reaching its highest level of 3,164 cases admitted during 1933. There has been no perceptible increase in this group over the seven-year period. The first admissions on temporary care showed a decrease between 1928 and 1930, increased up to 1933, but decreased during the last statistical year. Here again the variation in the use of this form has shown but little of significance over the past seven years. First admissions for observation increased from 341 cases in 1928 to 502 cases in 1934, a percentage increase of 47 per cent. Voluntary first admissions showed quite a variation throughout the seven years. There has been a percentage increase of 8 per cent in the use of this form, however.

Readmissions under the various forms have shown a consistent increase over the seven-year period and we see a rise in total numbers from 1,158 in 1928 to 1,520 in 1934. This increase is especially evident in the temporary care, observation and voluntary forms of admission. Temporary care readmissions have shown a 61 per cent increase, observation readmissions a 106 per cent increase and voluntary readmissions an 85 per cent increase.

It would seem from Table 9 that there is a tendency to use the temporary care, observation and voluntary forms of admission more frequently. The increase in the latter form is interesting as it measures the willingness of individuals to come to the mental hospital of their own free will.

TABLE 10. — *First Admissions and Readmissions by Court Commitment to Public and Private Hospitals for Mental Diseases, 1904-1934, Inclusive*

YEAR	TOTAL — ALL HOSPITALS				State Hospitals ²		McLean and other Private Hospitals	
	Number		Rate per 100,000 General Population ¹					
	First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- missions
1904	2,454	—	80.9	—	2,337	—	117	—
1905	2,237	—	72.4	—	2,136	—	101	—
1906	2,120	—	67.3	—	1,990	—	130	—
1907	2,463	—	76.8	—	2,286	—	177	—
1908	2,555	—	78.3	—	2,383	—	172	—
1909	2,536	—	76.5	—	2,340	—	196	—
1910	2,677	—	79.4	—	2,470	—	207	—
1911	2,680	—	78.4	—	2,459	—	221	—
1912	2,772	—	79.9	—	2,562	—	210	—
1913	3,247	—	92.6	—	3,024	—	223	—
1914	3,112	—	87.1	—	2,925	—	187	—
1915	3,264	—	90.6	—	3,087	—	177	—
1916	3,323	—	90.8	—	3,109	—	214	—
1917 ³	4,315	—	82.6 ⁴	—	4,097	—	218	—
1918 ³	3,894	—	72.5 ⁴	—	3,702	—	192	—
1919 ³	4,011	—	78.8 ⁴	—	3,752	—	259	—
1920	3,009	927	78.1	24.0	2,768	836	241	91
1921	3,310	1,002	85.0	25.7	3,054	943	256	59
1922	3,508	963	89.2	24.4	3,225	858	183	105
1923	3,006	838	75.6	21.1	2,786	756	220	82
1924	3,208	790	79.9	19.6	2,881	735	327	55
1925	3,134	770	77.4	19.0	2,902	656	232	114
1926	3,071	741	75.0	18.1	2,820	660	245	81
1927	2,953	729	71.4	17.6	2,755	637	198	92
1928	3,423	697	82.0	16.7	3,075	668	348	29
1929	3,218	671	76.4	15.9	2,949	636	269	35
1930	3,250	710	76.4	16.7	3,077	689	173	21
1931	3,145	753	73.3	17.6	3,009	725	136	25
1932	3,139	721	72.5	16.7	3,024	698	115	23
1933	3,285	714	75.2	16.3	3,123	683	162	31
1934	3,256	703	73.8	15.9	3,115	674	141	29

¹Population estimated for intercensal years.

²Includes Bridgewater and Tewksbury.

³Includes Temporary Care Admissions.

⁴Estimated, less Temporary Care Admissions.

FIRST COURT ADMISSIONS AND READMISSIONS, 1904-1934, INCLUSIVE

Table 10 presents the numbers and rates per 100,000 of the general population of first court admissions and readmissions to all public and private hospitals for mental diseases within the State. Insofar as this table checks the number of patients admitted to every mental hospital of any type whatsoever, it gives a rather accurate index of the magnitude of mental diseases throughout the State for the period of years under discussion. The lowest rate of 67 admissions per 100,000 is observed in 1906, while the highest rate of 92.6 occurred in 1913. Over the past ten years the rates have varied between 71 and 82, the figure of 82 for 1928 being the only rate over 80 for the last ten-year period. The rates for first admissions have shown considerable fluctuation over the 31-year period but show no definite trend. This absence of any trend in first admissions rather suggests that there has been no increase in new cases coming to mental hospitals in Massachusetts.

The number of readmissions admitted to all institutions and the rates of admission are also recorded in Table 10 from the year 1920 on. For this group, the highest rate of 25 occurred in 1921, and the lowest rate of 15.9 in 1929 and 1934. The readmissions present a rather definite trend in a downward direction. In other words, we are having relatively fewer readmissions coming to our mental hospitals over recent years. Although the first admissions showed no perceptible trend, the readmissions show a definite relative decrease in their admission rates.

COURT FIRST ADMISSIONS AND READMISSIONS, 1933 AND 1934

During 1934, a total of 3,789 patients were admitted to State hospitals under regular court commitment as insane (Table 11). Of these, 3,115 or 82 per cent were first admissions and 674 or 18 per cent were readmissions. There was a decrease of 17 in the total admissions during 1934. First admissions showed a decrease of 8 cases in 1934. The readmissions showed a decrease of 9 cases. The total admission rate for 1934 was 85 per 100,000 of the estimated population of the State for 1934. The first admission rate was 70 and the readmission rate was 15.

TABLE 11.—*First Admissions and Readmissions by Court Commitment to State Hospitals, 1933 and 1934, by Hospital*

HOSPITALS	Total Admissions		First Admissions		Readmissions	
	1933	1934	1933	1934	1933	1934
Boston State	548	603	470	515	78	88
Boston Psychopathic	115	134	106	126	9	8
Danvers	624	594	501	479	123	115
Foxborough	247	231	215	189	32	42
Gardner	92	86	75	73	17	13
Grafton	58	55	49	42	9	13
Medfield	144	146	113	115	31	31
Northampton	474	473	378	383	96	90
Taunton	394	417	317	355	77	62
Westborough	433	447	353	344	80	103
Worcester	603	531	484	425	119	106
Monson (Epileptic)	12	18	12	18	—	—
Bridgewater	62	54	50	51	12	3
Tewksbury	—	—	—	—	—	—
Total	3,806	3,789	3,123	3,115	683	674

TEMPORARY CARE ADMISSIONS, 1934

Table 12 shows the total first admissions and readmissions under temporary care forms during 1934. There was an increase of 8 in the numbers admitted between 1933 and 1934. The total for the former year was 1,972 and for the latter year 1,980. One thousand four hundred and seventy-four cases or 74 per cent were first admissions and 506 or 26 per cent were readmissions. The rate per 100,000 of the estimated population of the State for 1934 for all admissions under temporary care was 45; for first admissions 33; and for readmissions 11.

OBSERVATION ADMISSIONS, 1934

The total number of cases admitted during 1934 under observation status was 744, Table 13. This is an increase of 18 over the previous year. Five hundred and two cases, or 67 per cent of the total, were admitted under observation for the first

time, while 242, or 33 per cent, were readmitted. The rate per 100,000 of the estimated population of the State for 1934 is 17 for total admissions; 11 for first admissions and 5 for readmissions on this status.

TABLE 12. — *First Admissions and Readmissions of Temporary Care Cases to State Hospitals, 1934, by Hospital*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	101	71	30
Boston Psychopathic	1,553	1,176	377
Danvers	183	121	62
Foxborough	12	9	3
Gardner	15	13	2
Grafton	—	—	—
Medfield	7	5	2
Metropolitan	—	—	—
Northampton	27	20	7
Taunton	38	30	8
Westborough	3	2	1
Worcester	41	27	14
Monson (Epileptic)	—	—	—
Bridgewater	—	—	—
Tewksbury	—	—	—
Total	1,980	1,474	506

TABLE 13. — *First Admissions and Readmissions of Observation Cases to State Hospitals, 1934, by Hospital*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	59	24	35
Boston Psychopathic	242	181	61
Danvers	95	59	36
Foxborough	34	21	13
Gardner	15	12	3
Grafton	2	—	2
Medfield	8	2	6
Metropolitan	—	—	—
Northampton	43	36	7
Taunton	58	48	10
Westborough	62	26	36
Worcester	117	85	32
Monson (Epileptic)	1	—	1
Bridgewater	8	8	—
Tewksbury	—	—	—
Total	744	502	242

TABLE 14. — *First Admissions and Readmissions of Voluntary Care Cases to State Hospitals, 1934, by Hospital*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	—	—	—
Boston Psychopathic	70	46	24
Danvers	6	3	3
Foxborough	4	3	1
Gardner	11	6	5
Grafton	—	—	—
Medfield	—	—	—
Metropolitan	—	—	—
Northampton	3	1	2
Taunton	14	5	9
Westborough	13	2	11
Worcester	9	3	6
Monson (Epileptic)	140	118	22
Bridgewater	—	—	—
Tewksbury	—	—	—
Total	270	187	83

VOLUNTARY ADMISSIONS, 1934

Table 14 shows the first admissions and readmissions of voluntary care cases during the year 1934. The total patients admitted under this status was 270, a decrease of 4 over the preceding year. One hundred eighty-seven cases, or 69 per cent were first admissions, and 83 cases or 31 per cent were readmissions.

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1911-1934

The voluntary care admissions and the rates per 100,000 of the estimated population of the State for each year 1911 to 1934, inclusive, are shown in Table 15. There has been considerable fluctuation in this form of admission since 1911, due largely to administrative and legal restrictions. During the statistical year 1934, there were 447 voluntary admissions to public and private institutions for the insane and epileptic in this State.

TABLE 15. — *Voluntary Care Admissions to Public and Private Institutions, 1911-1934*¹

YEAR	Number	Rate per 100,000 estimated population of State
1911	359	10.52
1912	414	11.96
1913	788	22.45
1914	931	26.15
1915	963	26.67
1916	765	20.60
1917	895	24.12
1918	865	23.00
1919	880	23.09
1920	641	16.60
1921	805	20.58
1922	813	20.53
1923	304	7.56
1924	403	10.00
1925	330	8.00
1926	341	8.15
1927	416	9.83
1928	419	9.70
1929	448	10.22
1930	437	10.28
1931	466	10.96
1932	433	10.18
1933	432	9.88
1934	447	10.13

¹All public and private institutions for the insane and epileptic.

LEGAL STATUS OF ALL CASES ADMITTED FOR THE FIRST TIME DURING 1934

Table 16 gives the percentage distribution of the various forms of legal status for the total 5,554 cases admitted for the first time to all hospitals under the supervision of the Department during 1934. In considering the total for all institutions, we see that the regular court commitment was used more than any other form as 28.4 per cent of all cases admitted entered the hospital by this means. Temporary care was second, 26.4 per cent of cases being admitted under this form. The combination of temporary care and court commitment was used in 19.2 per cent of cases; observation and court commitment, 8.5 per cent; and observation commitment alone in 6.5 per cent of cases.

Considering the State hospitals only, the following institutions had the largest proportion of patients sent to them through regular court commitment. Grafton State Hospital, 85.7 per cent; Westborough State Hospital, 62.6 per cent; and Medfield State Hospital, 58.2 per cent. This commitment form was used in the smallest proportion of admissions at Monson State Hospital, 26.8 per cent; Danvers State Hospital, 25.5 per cent, and Gardner State Colony, 24.0 per cent.

TABLE 16. — *Legal Status of All Cases Admitted for the First Time to Hospitals for Mental Diseases, 1934, by Hospital — Number and Percentage Distribution*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOXBOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court ¹	1,580	28.4	341	55.9	—	—	169	25.5	100	45.5	25	24.0	36	85.7	71	58.2	160	36.4
Temporary Care	1,463	26.4	67	11.0	1,150	75.2	121	18.3	9	4.1	12	11.5	—	—	5	4.1	20	4.5
Observation	362	6.5	16	2.6	155	10.1	34	5.1	14	6.4	5	4.8	—	—	1	.8	19	4.3
Voluntary	193	3.5	—	—	3	.2	—	—	—	—	6	5.8	—	—	—	—	1	.2
Temporary Care and Court	1,064	19.2	134	22.0	113	7.4	223	33.7	40	18.2	28	26.9	1	2.4	28	23.0	158	35.9
Temporary Care, Observation and Court	168	3.0	22	3.6	12	.8	26	3.9	7	3.2	14	13.5	—	—	1	.8	23	5.3
Observation and Court	474	8.5	18	2.9	—	—	60	9.1	40	18.2	6	5.8	5	11.9	15	12.3	42	9.5
Others and Court	9	.2	—	—	1	.1	1	.2	2	.9	—	—	—	—	—	—	—	—
Other Combinations	241	4.3	12	2.0	95	6.2	28	4.2	8	3.5	8	7.7	—	—	1	.8	17	3.9
Total	5,554	100.0	610	100.0	1,529	100.0	662	100.0	220	100.0	104	100.0	42	100.0	122	100.0	440	100.0

	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		VETERANS ADM. FAC. No. 107		VETERANS ADM. FAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	134	30.6	234	62.6	210	38.9	44	26.8	9	8.3	42	71.2	5	6.0	—	—
Temporary Care	30	6.8	2	.5	27	5.0	—	—	17	15.6	7	11.9	3	3.5	—	—
Observation	28	6.4	24	6.4	59	10.9	—	—	—	—	—	—	—	—	—	—
Voluntary	5	1.1	—	—	3	.6	118	72.0	—	—	—	—	10	11.9	25	43.9
Temporary Care and Court	109	24.9	7	1.9	94	17.4	—	—	22	20.2	—	—	58	69.0	32	56.1
Temporary Care, Observation and Court	22	5.0	15	4.0	22	4.1	2	1.2	3	2.8	—	—	1	1.2	—	—
Observation and Court	89	20.4	88	23.5	99	18.3	2	1.2	1	.9	9	15.2	—	—	—	—
Others and Court	1	.2	—	—	—	—	—	—	2	1.8	—	—	2	2.4	—	—
Other Combinations	20	4.6	4	1.1	26	4.8	—	—	16	14.6	1	1.7	5	6.0	—	—
Total	438	100.0	374	100.0	540	100.0	164	100.0	109	100.0	59	100.0	84	100.0	57	100.0

¹Includes 28 sane dangerous cases at Monson.

TABLE 17. — *Legal Status of All Cases Readmitted to Hospitals for Mental Diseases, 1934, by Hospital — Number and Percentage Distribution.*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSY PATHIC		DANVERS		FOX-BOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court ¹	318	19.1	36	23.5	—	—	37	17.1	21	34.4	7	30.4	7	46.6	16	41.0	35	33.1
Temporary Care	498	29.9	30	19.6	366	77.9	62	28.7	3	4.9	2	8.7	—	—	2	5.1	7	6.6
Observation	197	11.8	30	19.6	56	11.9	22	10.2	10	16.4	—	—	2	13.3	6	15.4	6	5.7
Voluntary	91	5.4	—	—	8	1.7	—	—	3	4.9	3	13.0	—	—	—	—	2	1.9
Temporary Care and Court	353	21.3	40	26.2	7	1.5	57	26.4	12	19.8	6	26.2	4	26.7	12	30.8	47	44.3
Temporary Care, (Observation and Court	39	2.3	4	2.6	—	—	8	3.7	6	9.8	—	—	1	6.7	—	—	3	2.8
Observation and Court	69	4.1	8	5.2	—	—	13	6.0	3	4.9	—	—	1	6.7	3	7.7	5	4.7
Others and Court	6	.4	—	—	1	.2	—	—	—	—	—	—	—	—	—	—	—	—
Other Combinations	97	5.8	5	3.3	32	6.8	17	7.9	3	4.9	5	21.7	—	—	—	—	1	.9
Total	1,668	100.0	153	100.0	470	100.0	216	100.0	61	100.0	23	100.0	15	100.0	39	100.0	106	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		VETERANS ADM. FAC. No. 107		VETERANS ADM. FAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	17	19.1	79	52.3	42	26.6	13	36.1	1	2.3	3	100.0	4	8.0	—	—
Temporary Care	8	9.0	1	.7	14	8.9	—	—	3	6.8	—	—	—	—	—	—
Observation	6	6.7	35	23.2	23	14.5	1	2.8	—	—	—	—	—	—	—	—
Voluntary	8	9.0	5	3.3	6	3.8	21	58.3	17	38.6	—	—	—	—	—	—
Temporary Care and Court	28	31.5	6	3.9	46	29.1	—	—	14	31.8	—	—	15	30.0	3	5.6
Temporary Care, (Observation and Court	3	3.4	9	6.0	4	2.5	—	—	—	—	—	—	26	52.0	48	88.9
Observation and Court	13	14.6	9	6.0	14	8.9	—	—	—	—	—	—	1	2.0	—	—
Others and Court	1	1.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Combinations	5	5.6	7	4.6	9	5.7	1	2.8	2	4.6	—	—	4	8.0	2	3.7
Total	89	100.0	151	100.0	158	100.0	36	100.0	44	100.0	3	100.0	50	100.0	54	100.0

¹Includes 13 sane dangerous cases at Monson.

In the use of the temporary care form of admission, the Boston Psychopathic Hospital showed the highest figure, with 75.2 per cent of cases admitted on this form. The Danvers State Hospital with 18.3 per cent and Gardner State Colony with 11.5 per cent followed in order. The McLean Hospital, although not a state institution, had 15.6 per cent of cases admitted on a temporary form. The Foxborough and Medfield State Hospitals with 4.1 per cent, and Westborough State Hospital with .5 per cent, used the temporary care form the least of any of the institutions. It will be noted that this form of admission was not used at all during the year at the Grafton State Hospital or at Monson State Hospital.

In the use of the combination of temporary care and court commitment, Northampton State Hospital stood first with 35.9 per cent. There followed in order, the Danvers State Hospital with 33.7 per cent, Gardner State Colony with 26.9 per cent, and Taunton State Hospital with 24.9 per cent. This combination was used the least at the Westborough State Hospital with 1.9 per cent, Grafton State Hospital with 2.4 per cent, and Boston Psychopathic Hospital with 7.4 per cent.

LEGAL STATUS OF ALL CASES READMITTED DURING 1934

Table 17 shows the percentage distribution in legal status of all cases readmitted to State hospitals for mental diseases during 1934. It will be observed that of the total 7,222 cases admitted during the year, 1,668 or 23 per cent were readmissions. Whereas among the first admissions we found that the court form was used predominantly, we observe that among the readmissions, the temporary care form was used more than any other form, 29.9 per cent of all readmissions entering the hospitals. The regular court commitment when used in combination with the temporary care form came second in importance with 21.2 per cent, and when used alone came third with 19.1 per cent. The observation form alone was used in 11.8 per cent of cases; voluntary form alone in 5.4 per cent; while observation, followed by court commitment, was used in 4.1 per cent of cases. It will be noted that other combinations were used in 5.8 per cent of the cases admitted during the last statistical year.

In the following table a comparison is made between the percentage distribution in legal status of all cases admitted for the first time and all readmissions to State hospitals for mental diseases during 1934.

Percentage Distribution in Legal Status of All Cases Admitted for the First Time and All Readmissions, 1934

	<i>All Cases Admitted for First Time</i>	<i>All Re- Admitted Cases</i>
Court Commitment	28.4	19.1
Temporary Care	26.4	29.9
Observation	6.5	11.8
Voluntary	3.5	5.4
Temporary Care and Court Commitment	19.2	21.2
Temporary Care, Observation and Court Commitment	3.0	2.3
Observation and Court Commitment	8.5	4.1
Others and Court Commitment . . . . .	.2	.4
Other Combinations	4.3	5.8
	100.0	100.0

In theory we might say that the regular court commitment was created for the purpose of placing a patient in a mental hospital when there was little doubt about his mental condition, and that the temporary care forms were evolved to meet the needs of the case in which there was a doubt as to the mental status of the patient. With this thought in mind, it is interesting to compare the forms of admission which are used by physicians in having cases admitted to our institutions; that is, to compare the forms which have been used when the patient was admitted for the first time as compared with the forms used when he was readmitted. We would expect that physicians would have less difficulty in determining the proper commitment form to be used in a readmission than in a first admission case, yet we observe that the court commitment form was used less in committing readmissions than in

committing first admissions, 19.1 per cent of readmissions, as compared with 28.4 per cent of first admissions. In considering the combination of temporary care admissions followed by court commitment, we see that this combination was used in 21.2 per cent of readmissions, and in a smaller proportion of first admissions, 19.2 per cent. In cases sent to mental hospitals for observation we would expect a greater use of this form in first admissions, yet we observe that the observation form was used in 11.8 per cent of readmissions and in but 6.5 per cent of first admissions. Again, in considering the voluntary form of admission we see that readmissions used this in 5.4 per cent of cases, while first admissions used it in the proportion of 3.5 per cent. In two forms of admission only do we see the theoretical use of forms being carried out as would be expected. The temporary care form was used in 26.4 per cent of first admissions and 29.9 per cent of readmissions. The combination of observation admission and court commitment was used in 8.5 per cent of first admissions and 4.1 per cent of readmissions.

Turning back to Table 16, if we consider the various forms of court commitment, we find that of the total of 3,267 first court admissions during the year, (excluding 28 sane dangerous cases at Monson), 1,552 or 47.5 per cent were admitted outright under regular court commitment; 1,064 or 32.5 per cent had been held under a temporary care status immediately preceding the court commitment; 168 or 5.1 per cent had been held under temporary care and observation forms preceding the regular court commitment; 474 or 14.5 per cent had been admitted for observation immediately preceding the regular commitment; and 9 or .3 per cent had had one or more short term forms of other types preceding the regular court commitment.

Of the total 772 court readmissions, (Table 17), (excluding 13 sane dangerous cases at Monson) 305 or 39.5 per cent were admitted outright on regular court commitment. Three hundred fifty-three or 45.7 per cent were preceded by a temporary care admission; 39. or 5.0 per cent were preceded by a temporary care and observation admission; 69 or 8.9 per cent had an observation admission only, preceding the court commitment; and 6 or .8 per cent had some other short term form of admission preceding the regular court commitment.

In both the first and readmission cases, the various forms noted previous to the regular court commitment immediately preceded the latter status without the patient having left the hospital. These forms of admission indicate the general procedure which is typical to all institutions in admitting patients on regular court commitment.

It is interesting to know that of the 1,857 court admissions not preceded by temporary forms, 855 cases had a temporary residence at the Boston Psychopathic Hospital immediately preceding the present admission.

FORMS OF ADMISSION AND PSYCHOSES OF ALL FIRST AND READMISSIONS

Table 18 shows that of the 5,554 first admissions during 1934, the final commitment form of 3,295 cases was that of a court admission, 1,494 were temporary care admissions, 509 were observation admissions, and 256 were on a voluntary status. Dementia praecox cases made up 17.4 per cent of all first admissions; 21.1 per cent of court admissions; 16.2 per cent of temporary care admissions; 4.9 per cent of observation admissions; and 3.5 per cent of voluntary admissions. The manic-depressive group made up 9.2 per cent of all first admissions; 10.1 per cent of court admissions; 9.2 per cent of temporary care admissions; 5.1 per cent of observation admissions, and 5.1 per cent of voluntary admissions. Psychoses with cerebral arteriosclerosis made up 15.1 per cent of the total first admissions; 22.5 per cent of court admissions; 4.9 per cent of temporary care admissions; and 5.1 per cent of observation admissions. The alcoholic group made up 8.5 per cent of the total first admissions; 7.3 per cent of court admissions; 11.8 per cent of temporary care admissions; 10.6 per cent of observation admissions and 1.2 per cent of voluntary admissions.

With the exception of the "without psychoses" group, high percentages in the voluntary first admissions are observed in the psychoses with convulsive disorders (epilepsy), 12.5 per cent and in the psychoneuroses, 10.2 per cent. The former made up but 1.7 per cent of court admissions; 1.4 per cent of temporary care admissions; and .4 per cent of observation admissions. The psychoneuroses con-

stituted 1.6 per cent of court admissions; 5.4 per cent of the temporary care admissions; and 4.7 per cent of observation admissions. The group "without psychoses" is quite interesting because of the contrasts it presents. This group constitutes 13.4 per cent of all first admissions. Only 2.2 per cent of court admissions showed this diagnosis; 19.6 per cent of temporary care admissions; 46.2 per cent of observation admissions; and 55.5 per cent of voluntary admissions. This group evidently confines itself to the voluntary and short term forms of admission.

Among the readmissions we note a total of 1,668 cases for the year. Seven hundred and eighty-five of these were court admissions; 509 were temporary care admissions; 243, observation admissions; and 131 voluntary admissions. The same general trends are observed among the readmissions in reference to the selection of the type of admission used. It might be expected that first admissions would show lower percentages of the court procedure and higher relative proportions of those admitted under temporary care, observation or voluntary status. We note, however, that these temporary forms maintain their standing among the readmissions and the fact that a case has been admitted once previously does not seem to operate against the use of these temporary forms in subsequent admissions.

NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS

In considering all regular court commitments for any one statistical year, it is evident that the majority of cases comprise individuals who are admitted for the first time. Table 19 shows that the number of cases admitted for the first time comprise 3,267 or 80.9 per cent of the total cases admitted under court commitment during 1934. Six and eight-tenths per cent were admitted for the second time; 5.6 per cent for the third time; 3.0 per cent for the fourth time; and 1.6 per cent for the fifth time. It is observed that 2.1 per cent had their sixth or higher admission during the year. Approximately 80 per cent of all admissions are first admissions, and 20 per cent are readmissions for any one year. The average number of times admitted was 1.46 for both sexes.

TABLE 19. — *Number of Times Admitted, All Court Commitments,¹ 1934; Percentage Distribution*

NUMBER OF TIMES ADMITTED	Number			Percentage		
	M.	F.	T.	M.	F.	T.
One	1,787	1,480	3,267	81.8	80.0	80.9
Two	160	115	275	7.3	6.2	6.8
Three	110	115	225	5.0	6.2	5.6
Four	55	68	123	2.5	3.7	3.0
Five	36	28	64	1.6	1.5	1.6
Six+	40	45	85	1.8	2.4	2.1
Total	2,188	1,851	4,039	100.0	100.0	100.0
Average Number of Times Admitted	1.42	1.50	1.46			

(See Table 171 for detail)

¹All first admissions and readmissions by court commitment.

Table 20 gives the average number of times admitted of all court admissions during the year, by psychoses. This table reveals the tendency for readmission which is exhibited in certain of the psychosis groups. The highest averages for number of times admitted are as follows: manic-depressive psychoses, 2.17; psychoses with psychopathic personality, 1.93; with convulsive disorders (epilepsy), 1.67; dementia praecox, 1.65; and psychoneuroses, 1.53. The lowest averages are observed in the senile psychoses, 1.07; with other forms of syphilis, and with other disturbances of circulation, 1.02 each; and psychoses due to new growth and primary behavior disorders, 1.00 each.

NATIVITY AND PARENTAGE, COURT FIRST AND READMISSIONS, AND ALL TEMPORARY ADMISSIONS

Table 21 shows the form under which the majority of our cases were admitted during 1934, by nativity and parentage. The numbers in each nativity group are compared with the same nativity groups fifteen years of age and over in the Massa-

chusetts population in accordance with the 1930 census. The total line for all types of admissions shows that the foreign born sent 225.4 patients to our mental hospitals per 100,000 of the foreign born population of the State, while the native-born sent 236.9 persons per each 100,000 of the native-born in the State. This admission rate for the foreign born is slightly lower than that of the native-born.

TABLE 20. — *Average Number of Times Admitted, All Court Commitments¹, 1934, by Psychoses*

PSYCHOSES	Number	Average Number of Times Admitted
Manic-depressive psychoses	566	2.17
With psychopathic personality	47	1.93
With convulsive disorders (epilepsy)	58	1.67
Dementia praecox	985	1.65
Psychoneuroses	69	1.53
With epidemic encephalitis	18	1.50
Without psychoses	65	1.49
Traumatic psychoses	21	1.42
Alcoholic psychoses	283	1.38
Undiagnosed psychoses	14	1.35
With mental deficiency	147	1.34
With other infectious diseases	24	1.29
Due to drugs, etc.	16	1.25
Involuntional psychoses	130	1.22
With syphilitic meningo-encephalitis	250	1.18
Due to other metabolic diseases, etc.	68	1.11
Paranoia and paranoid conditions	96	1.10
With organic changes of the nervous system	64	1.09
With cerebral arteriosclerosis	786	1.08
Senile psychoses	255	1.07
With other forms of syphilis	35	1.02
With other disturbances of circulation	34	1.02
Due to new growth	7	1.00
Primary behavior disorders	1	1.00
Total	4,039	1.46

(See Table 171 for detail)

¹All first admissions and readmissions by court commitment.

We now turn to a discussion of the parentage of the native-born in Massachusetts and the respective rates of admissions for these groups. As stated before, the native-born as a group sent 236.9 persons to our State hospitals in 1934 per 100,000 of the native-born population of Massachusetts. Dividing these into groups in accordance with the nativity of the parents, we find that the lowest admission rate occurs in the native-born of native parents, 211.0. The native-born of foreign or mixed parentage have a higher rate of 240.3.

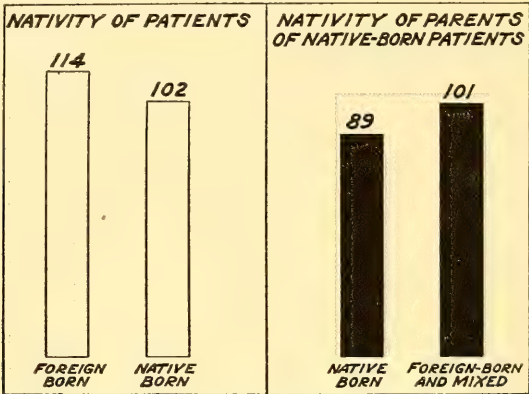
TABLE 21. — *Nativity and Parentage of Court First Admissions and Readmissions and All Temporary Admissions, 1934: Rates per 100,000 of Same Nativity Groups 15 Years of Age and Over, 1930 Census*

	Aggre- gate	Foreign Born	Native Born	PARENTAGE OF NATIVE BORN		
				Native	Foreign and Mixed	Unknown
<i>Numbers</i>						
First Court Admissions	3,267	1,174	2,093	840	1,129	124
Court Readmissions	772	246	526	232	278	16
Temporary Admissions ¹	3,142	901	2,241	910	1,265	66
All types	7,181	2,321	4,860	1,982	2,672	206
Rate per 100,000 Population of Same Nativity Groups 15 Years of Age and Over:						
First Court Admissions	106.0	114.0	102.0	89.4	101.5	—
Court Readmissions	25.1	23.9	25.6	24.7	24.9	—
Temporary Admissions	101.9	87.5	109.2	96.9	113.7	—
All types	233.1	225.4	236.9	211.0	240.3	366.0

(See Tables 141, 142 and 143 for detail).

¹Includes admissions for temporary care, observation and voluntary admissions.

It will be noted that in general, the relationships noted in the totals hold true in each of the groups of first court admissions, court readmissions and temporary admissions. The rate for the foreign born first court admissions is 12 per cent higher than that of the native-born, however. The predominance of foreign born is evidently confined to the first admissions rather than to the readmissions or the temporary admissions. Graph 1 gives an interesting presentation of the relative rates of admissions from the different nativity groups.



GRAPH 1. — NATIVITY OF COURT FIRST ADMISSIONS, 1934. RATES OF ADMISSION PER 100,000 POPULATION OF SAME NATIVITY GROUPS 15 YEARS OF AGE AND OVER, 1930 CENSUS

AVERAGE ADMISSION AGES OF NATIVE AND FOREIGN-BORN, 1934, BY TYPE OF ADMISSION

Table 22 reveals that the average admission age of native-born first admissions was 45.9 years, while the foreign born in this group were admitted at an average age of 56.6 years, a difference of 10.7 years. Among the readmissions the native-born came into the hospitals at an average admission age of 42.9 years, and the foreign born at 49.7 years, a difference of 6.8 years. In the temporary admissions the native-born came to the hospital at an average admission age of 36.0 years, and the foreign born at 47.1 years, a difference of 11.1 years.

In interpreting this table it must be remembered that there are fewer foreign born in the younger age groups. The restriction of immigration over the past few years has meant that the younger age groups have not been replaced. Those foreign born in the older age groups are steadily growing older. This is not so of the native-born who are having all ages replaced. Thus, it may be expected that the foreign born admissions will show higher average admission ages than the native-born insofar as they are drawn from older age groupings. In future years the foreign born admissions will grow steadily older in contrast with the native-born. This will occur in direct proportion as the foreign born in the general population grow older.

TABLE 22. — Admission Ages of Court First Admissions, Readmissions, and Temporary Admissions, 1934, by Nativity and Parentage: Averages

NATIVITY	First Admissions			Readmissions			Temporary Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Native Born	44.6	47.4	45.9	41.8	44.2	42.9	36.9	34.6	36.0
Native Parentage	47.2	52.0	49.4	42.4	47.5	44.7	39.0	37.1	38.3
Foreign Parentage	41.5	41.9	41.7	40.9	40.4	40.7	35.0	32.8	34.3
Mixed Parentage	42.2	42.9	42.5	41.8	42.1	42.0	35.4	33.2	34.4
Parentage Unknown	53.2	61.7	57.4	43.0	35.0	40.0	43.2	30.5	38.1
Foreign Born	56.3	56.8	56.6	49.7	49.8	49.7	47.9	45.8	47.1
Aggregate Average Age	48.9	50.7	49.7	44.0	45.8	44.9	40.6	38.1	39.6

(See Tables 141, 142 and 143 for detail).

Within the native-born group we see a rather different situation. Among the first admissions, the native-born of native parentage show the highest average admission age of 49.4 years. The native-born of foreign parentage are admitted seven years earlier or at an average admission age of 41.7 years, while the "mixed" group, one parent native-born and the other foreign born, are admitted at 42.5 years. In this material we have an excellent opportunity to observe the real effects of place of birth. The native-born of foreign parentage are coming to the hospital 7.7 years earlier than the native-born of native parentage. If the parentage is "mixed", the patients are coming into the hospital at an average of 6.9 years earlier than the native-born of native parentage.

AVERAGE ADMISSION AGES OF VOLUNTARY ADMISSIONS, 1934, BY NATIVITY

Table 22 (a) outlines the average admission age of voluntary admissions during the year by nativity and sex. The first outstanding point is the excess of the native-born in these voluntary admissions. We observe that 337 out of 387 admissions or 87 per cent were native-born while only 13 per cent were foreign born. In the regular court first admissions during the year 64 per cent of the total were native-born. It becomes evident here that the native-born are more apt to come to our mental hospitals voluntarily than are the foreign born. The young admission ages of these voluntary cases is also of interest. The entire group averaged 32.6 years as contrasted with an average age of 49.7 years in the first court admissions (Table 22). It will be noted that the native-born averaged 30.8 years at admission; the native-born of native parentage 31.1 years; the native-born of foreign parentage 29.1 years; and the native-born of mixed parentage 31.5 years. When we turn to the foreign born, however, we see a much higher admission age of 45.1 years. This is nearly 15 years higher than that of the native born.

TABLE 22 (a). — *Average Admission Ages of Voluntary Admissions to Hospitals for Mental Diseases, 1934, by Nativity and Parentage*

NATIVITY	Number	Average Age at Admission
Native Born	337	30.8
Native Parentage	185	31.1
Foreign Parentage	80	29.1
Mixed Parentage	68	31.5
Parentage Unknown	4	36.5
Foreign Born	50	45.1
Total	387	32.6

(See Table 144 for detail).

AVERAGE ADMISSION AGES OF COURT FIRST ADMISSIONS, READMISSIONS AND TEMPORARY ADMISSIONS

Table 23 reveals that the average admission age of all court first admissions for 1934 was 49.7 years, the average admission age of readmissions was 4.8 years less, or 44.9 years, while that of the temporary admissions was 10.1 years less, or 39.6 years. The highest admission ages for the first admissions occur in the senile psychoses, 75.4 years, psychoses with cerebral arteriosclerosis, 70.1 years, and psychoses with other disturbances of circulation, 62.3 years. The youngest admission ages are seen in the primary behavior disorders, 22.5 years; with other infectious diseases, 32.0 years; dementia praecox, 32.6 years; and cases without psychoses, 34.2 years. The psychoses which occur in the older age groups tend to show re-admission ages that are younger than the first admission ages. Among the psychoses developing in the earlier years, the readmissions tend to be older in average admission ages.

Considering the sex differences in the most important psychoses, it will be noted that among the first admissions the greatest variations between the sexes are observed in dementia praecox (males 30.7 years, females 34.5 years); paranoia (males 48.1 years, females 52.6 years); and psychopathic personality (males 38.2 years, females 30.0 years). In the readmissions there are tendencies to still wider

variations. Here we find four important psychoses, senile psychoses, involutional psychoses, the psychoneuroses and paranoia showing more than a five year gap between the admission ages of the males and the females. On the average, in both court first admissions and readmissions, the females show the higher average admission ages.

TABLE 23.—*Admission Ages of Court First Admissions, Readmissions, and Temporary Admissions, 1934; Averages by Psychoses and Sex*

PSYCHOSES	AVERAGE ADMISSION AGE IN YEARS								
	FIRST COURT ADMISSIONS			COURT READMISSIONS			TEMPORARY ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	43.8	45.0	44.1	44.2	47.5	45.6	47.6	43.7	46.0
With other forms of syphilis	44.1	40.9	42.9	32.5	—	32.5	54.1	37.5	51.1
With epidemic encephalitis	35.0	35.0	35.0	29.1	22.5	27.5	17.5	22.7	21.0
With other infectious diseases	31.6	32.1	32.0	42.5	52.5	49.1	39.7	37.0	38.0
Alcoholic psychoses	46.9	45.0	46.7	50.4	50.0	50.3	43.9	44.6	44.0
Due to drugs, etc.	45.5	46.8	46.3	37.5	47.5	44.1	38.6	35.8	37.6
Traumatic psychoses	51.2	32.6	48.3	42.5	—	42.5	35.5	35.0	35.4
With cerebral arteriosclerosis	69.7	70.7	70.1	68.6	65.2	66.8	68.0	69.3	68.5
With other disturbances of circulation	64.4	58.7	62.3	47.5	—	47.5	53.2	54.5	54.0
With convulsive disorders (epilepsy)	34.6	39.1	37.2	41.5	37.5	41.2	34.6	35.2	34.9
Senile psychoses	75.1	75.6	75.4	71.3	77.5	73.2	71.9	66.0	70.0
Involutional psychoses	54.7	52.1	52.8	56.8	62.5	59.2	55.1	51.5	52.9
Due to other metabolic diseases, etc.	50.7	50.5	50.6	62.5	45.0	53.7	47.4	39.0	41.7
Due to new growth	65.0	52.5	56.0	—	—	—	50.0	49.0	49.3
With organic changes of nervous system	45.0	51.6	47.5	30.0	35.0	32.5	44.1	41.7	43.3
Psychoneuroses	37.8	35.3	36.6	43.3	36.5	39.0	35.9	28.8	32.3
Manic-depressive psychoses	40.9	40.2	40.5	46.0	47.6	46.9	39.5	37.4	38.3
Dementia praecox	30.7	34.5	32.6	37.4	41.6	39.3	31.7	37.4	34.8
Paranoia and paranoid conditions	48.1	52.6	49.7	57.5	52.5	54.5	42.0	50.5	45.4
With psychopathic personality	38.2	30.0	34.7	33.0	32.5	32.8	29.3	32.9	32.3
With mental deficiency	35.5	38.3	36.9	36.7	37.2	37.0	35.0	30.8	32.0
Undiagnosed psychoses	40.5	35.8	37.9	37.5	27.5	34.1	38.5	37.8	38.2
Without psychoses	34.6	33.3	34.2	41.0	40.0	40.8	39.0	32.0	36.9
Primary behavior disorders	22.5	—	22.5	—	—	—	26.8	28.1	27.2
Total	48.9	50.7	49.7	44.0	45.8	44.9	40.6	38.1	39.6

(See Tables 145, 146 and 147 for detail).

The average age at admission of the temporary cases is ten years younger than that of court first admissions and five years younger than that of court readmissions. Contrary to the other two groups, however, the average admission age of the males is greater than that for the females.

Table 24 shows the average ages at admission by institution. The highest average ages at first admission are found at the Boston State Hospital, 55.6 years; Gardner State Colony, 51.9 years; and Taunton State Hospital, 51.8 years. The lowest average admission ages are observed at the Psychopathic Hospital with 37.2 years, the Bridgewater State Hospital with 36.1 years and the Monson State Hospital with 31.1 years. With the exception of the Psychopathic Hospital and Veterans' Hospital No. 95 all of the institutions show higher ages at first admission than at readmission. The wide variations in the average admission ages of the various institutions point out very clearly the varying medical and psychiatric problems confronting the different institutions. Those institutions which draw their admissions from the older age groups will have entirely different problems of medical and psychiatric care than those institutions drawing patients from the younger ages.

COUNTRY OF BIRTH OF FOREIGN BORN COURT ADMISSIONS

Table 25 outlines the country of birth of the foreign born court first admissions and readmissions. Canada with 24.1 per cent and Ireland with 21.2 per cent contribute the largest percentages to the first admissions. Finland with 1.4 per cent and Greece with 1.3 per cent contribute the smallest proportion. Among the readmissions Canada and Ireland again show the largest proportions, 24.5 and 19.1 per cent respectively. Austria and Greece with 1.2 per cent show the smallest proportions. The percentages, however, do not take into account the number of

persons from these countries residing in Massachusetts. Consequently admission rates have been calculated based upon the foreign born residents of Massachusetts in 1930. Austria shows the highest admission rate of 398 persons per 100,000 Austrians residing in this State. Ireland is second with an admission rate of 156, and Portugal is third with 152. The lowest admission rates of 89, 88 and 85 are seen in admissions from Greece, Scotland and Russia.

TABLE 24. — *Age at Admission of Court First Admissions and Readmissions, 1934, by Hospital: Averages*

HOSPITALS	AVERAGE AGE AT ADMISSION					
	FIRST COURT ADMISSIONS			COURT READMISSIONS		
	M.	F.	T.	M.	F.	T.
Boston State	55.2	56.0	55.6	48.7	44.7	46.3
Boston Psychopathic	37.6	37.1	37.2	48.3	39.0	42.5
Danvers	50.5	52.3	51.4	41.7	42.4	42.1
Foxborough	51.0	49.9	50.5	43.5	45.1	44.1
Gardner	48.4	55.9	51.9	37.5	49.4	45.7
Grafton	45.8	49.6	47.1	48.1	40.3	44.5
Medfield	48.2	44.8	46.5	39.0	46.5	44.0
Northampton	49.7	49.9	49.8	46.5	48.3	47.3
Taunton	52.1	51.4	51.8	42.6	53.0	47.4
Westborough	47.9	52.1	49.1	41.3	46.4	44.4
Worcester	49.4	49.8	49.6	49.1	45.3	47.3
Monson	38.6	27.3	31.1	—	—	—
McLean	46.3	48.8	47.7	50.0	45.9	47.3
Bridgewater	36.1	—	36.1	31.6	—	31.6
Tewksbury ¹	—	—	—	—	—	—
Veterans Administration Facility No. 107	42.1	—	42.1	42.0	—	42.0
Veterans Administration Facility No. 95	38.4	—	38.4	40.6	—	40.6
All Hospitals	48.9	50.7	49.7	44.0	45.8	44.9

(See Tables 148 and 149 for detail).

¹Tewksbury — No admissions during 1934.

TABLE 25. — *Country of Birth of Foreign Born Court First Admissions and Readmissions, 1934. Rates Per 100,000 State Population Same Country of Birth, 1930 Census.*

COUNTRY OF BIRTH	COURT FIRST ADMISSIONS			COURT READMISSIONS		
	Number	Percent	Rate	Number	Percent	Rate
Austria	17	1.5	398.	3	1.2	70.
Ireland	248	21.2	156.	47	19.1	29.
Portugal	38	3.3	152.	4	1.6	16.
Germany	31	2.7	150.	4	1.6	19.
Finland	16	1.4	122.	8	3.3	61.
Sweden	42	3.6	114.	7	2.8	19.
England	83	7.1	105.	13	5.3	16.
Poland	71	6.1	99.	15	6.1	20.
Italy	125	10.7	99.	26	10.6	20.
Canada	281	24.1	97.	60	24.5	20.
Greece	15	1.3	89.	3	1.2	17.
Scotland	29	2.5	88.	5	2.0	15.
Russia	58	5.0	85.	29	11.8	42.
Other Countries	110	9.5	95.	22	8.9	19.
Total	1,164	100.0	110.	246	100.0	23.

(See Tables 139 and 140 for detail).

The readmission rates measure the tendencies for persons born in certain foreign to return to the hospital. Here the highest rates observed are in the individuals coming from Austria, 70; Finland, 61; and Russia, 42. The lowest rates are seen in persons born in Portugal, 16; England, 16; and Scotland, 15. If we compare the rates of first and readmissions we find that foreign born individuals from Austria, Finland, Russia and Ireland have the highest position among the readmissions, while persons from Austria, Ireland, Portugal, Germany and Finland have high positions among the first admissions. In other words, Austria, Ireland and Finland show high admission rates in both groups.

CITIZENSHIPS OF ALL ADMISSIONS

Table 26 presents the citizenship of all admissions to mental hospitals during the year 1934. It will be observed that 67.9 per cent of all admissions were citizens by birth and 26.8 per cent were foreign born. The foreign born are fairly evenly divided, with 13.7 per cent citizens by naturalization, and 13.1 per cent aliens. The sexes do not present significant differences except in the foreign born. Here we see the tendency for the males to present a larger proportion who are citizens by naturalization while the females present the larger proportion who are aliens.

TABLE 26. — *Citizenship of All Admissions, 1934; Number and Percent*¹

CITIZENSHIP	TOTAL		MALES		FEMALES	
	Number	Percent	Number	Percent	Number	Percent
Citizens by Birth	5,310	67.9	2,950	67.9	2,360	67.9
Foreign Born	2,097	26.8	1,208	27.8	889	25.6
Citizens by Naturalization	1,070	13.7	657	15.1	413	11.9
Aliens	1,027	13.1	551	12.7	476	13.7
Citizenship unknown	412	5.3	187	4.3	225	6.5
Total	7,819	100.0	4,345	100.0	3,474	100.0

(See Table 155 for detail).

¹This table includes all cases admitted to mental hospitals, irrespective of legal status on admission. Includes transfers.

MARITAL STATUS OF COURT FIRST AND READMISSIONS, AND ALL TEMPORARY ADMISSIONS

Table 27 and Graph 2 present data outlining the numbers and rates per 100,000 of the various marital groups admitted to our State hospitals. Among the first admissions the married patients show the lowest admission rate, 75.9. Next in order are the single group with 115.9; the widowed with 228.4; and the divorced group showing the highest admission rate of all, 327.7. Differences between the sexes are most apparent in the widowed and divorced groups. In each of the marital groups the males show a much higher admission rate than the females, although the difference is not so marked among the married as among the others.

In the court readmissions the married again present the lowest admission rate of 18.5. The widowed are second with a rate of 25.9; the single third with 32.3; while the divorced show the highest rate of 109.2. The admission rate of the males is higher than that of the females in the single, widowed and divorced groups. Among the married the females show the higher rate of the two. Again in the temporary admissions we note that the married show the lowest admission rate of 67.5. The widowed come second with a rate of 76.2. Here the single patients present an admission rate of 113.4 and the divorced a rate of 308.2. Among the temporary admissions the males greatly exceed the females in all of the marital groups.

It appears that marital status is an important factor in the admission of an individual to a mental hospital. In Table 27 it will be noted that the married show the lowest admission rate in all forms of admission whether first admission, readmission or temporary care admission. If the individual has been married but is widowed, the death of the life partner evidently greatly increases his chance of admission. If the husband or wife has been divorced, he is given an even higher rate of admission. Those remaining single are in a somewhat better position, showing an intermediate rate between the married and widowed group. Relatively, our admissions to mental hospitals are made up chiefly of individuals who are single, widowed or divorced. Much smaller proportions of the married are being admitted.

MARITAL STATUS AND AVERAGE ADMISSION AGE

Table 28 shows that among the first court admissions, the highest average admission age of 69.7 years occurs among the widowed. Next in order are the divorced and separated groups with 52.1 years each; the married group, 50.3 years; and the single group with 40.1 years. Sex differences are observed in that the married females, (47.3 years), are admitted five years earlier than the married

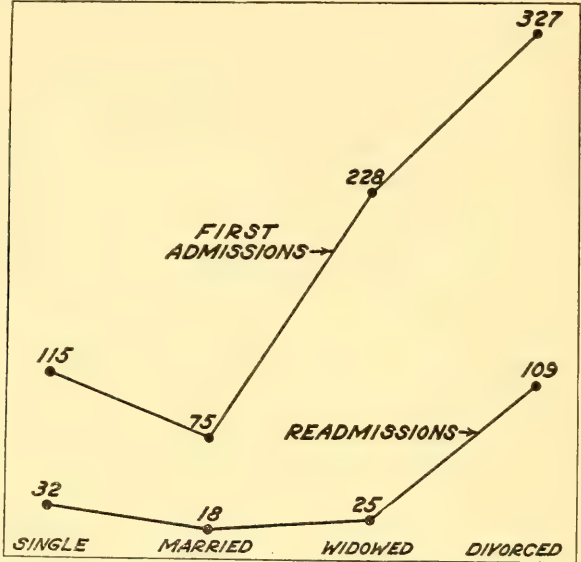
TABLE 27. — *Marital Status of Court First Admissions and Readmissions and All Temporary Admissions, 1934; Rates Per 100,000 State Population of Same Marital Status, U. S. Census, 1930*

MARITAL STATUS	FIRST COURT ADMISSIONS			COURT READMISSIONS			ALL TEMPORARY ADMISSIONS					
	Number			Rate per 100,000			Number			Rate per 100,000		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	770	502	1,272	141.1	90.9	115.9	224	131	355	41.0	23.7	32.3
Married ¹	694	582	1,276	82.8	69.1	75.9	139	174	313	16.0	21.0	18.5
Widowed	237	344	581	327.3	189.1	228.4	23	43	66	31.8	23.6	25.9
Divorced	54	30	84	508.9	199.7	327.7	14	14	28	131.9	93.2	109.2
Separated	27	19	46	—	—	—	1	9	10	—	—	—
Unknown	5	3	8	178.0	158.0	169.9	—	—	—	—	—	—
Total	1,787	1,480	3,267	118.9	91.3	104.6	401	371	772	26.6	22.8	24.7
							1,652	1,103	2,755	109.9	68.0	88.2

(See Tables 156, 157 and 158 for detail).

¹Rate includes "married" and "separated".

males, (52.8 years). The separated females are admitted about ten years earlier than the separated males. In the single group, however, the females are admitted three years later than the single males.



GRAPH 2. — MARITAL CONDITION OF COURT FIRST ADMISSIONS AND READMISSIONS, 1934. RATES PER 100,000 POPULATION OF SAME MARITAL CONDITION IN MASSACHUSETTS POPULATION, 1930 CENSUS.

TABLE 28. — Admission Ages of Court First Admissions, Readmissions and All Temporary Admissions, 1934, by Marital Status; Averages

MARITAL STATUS	AVERAGE AGE IN YEARS								
	FIRST COURT ADMISSIONS			COURT READMISSIONS			ALL TEMPORARY ADMISSIONS ¹		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	38.8	42.2	40.1	38.5	38.9	38.6	32.4	31.2	32.0
Married	52.8	47.3	50.3	49.6	47.3	48.3	46.5	40.6	44.0
Widowed	69.7	69.7	69.7	64.1	60.5	61.8	58.9	58.4	58.7
Divorced	52.7	51.0	52.1	45.0	47.1	46.0	44.0	42.7	43.4
Separated	56.8	45.5	52.1	45.0	47.2	47.0	47.5	41.5	44.2
Unknown	61.0	59.0	60.2	—	—	—	58.3	35.0	49.0
All Groups	48.9	50.7	49.7	44.0	45.8	44.9	40.6	38.1	39.6

(See Tables 159, 160 and 161 for detail).
¹Includes admissions for temporary care and observation.

Among the readmissions essentially the same condition prevails. Here the widowed again show the highest average admission age of 61.8 years. The married are next with 48.3 years; the separated next with 47.0 years; the divorced next with 46.0 years; while the single are the youngest of all, 38.6 years. Sex differences among the readmissions are not so important as among the first admissions and they tend to cling closer together. Whatever effect marital status may have had upon the first admissions, it is evident that this has been largely removed by the time the cases are readmitted to a mental hospital.

The temporary care cases are admitted ten years earlier than the first court admissions, and about five years earlier than the court readmissions. In this group the widowed again show the highest average age at admission, 58.7 years. The separated group comes second with 44.2 years, then the married, 44.0 years; the divorced, 43.4 years; and the single, 32.0 years. In the temporary admissions

TABLE 29. — *Economic Status of Court First Admissions, Readmissions and All Temporary Admissions, 1934; Percentage Distribution*

ECONOMIC STATUS	FIRST COURT ADMISSIONS			COURT READMISSIONS			ALL TEMPORARY ADMISSIONS ¹		
	Number			Percent			Number		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	561	403	964	31.4	27.2	29.5	83	59	142
Marginal	1,097	927	2,024	61.4	62.6	62.0	298	289	587
Comfortable	82	69	151	4.6	4.7	4.6	17	17	34
Unknown	47	81	128	2.6	5.5	3.9	3	6	9
Total	1,787	1,480	3,267	100.0	100.0	100.0	401	371	772
				100.0	100.0	100.0	1,652	1,103	2,755
							18.2	15.6	17.1
							77.5	81.5	79.2
							2.2	1.7	1.6
							2.1	2.2	2.1
							100.0	100.0	100.0

(See Tables 165, 166 and 167 for detail.)
¹Includes admissions for temporary care and observation.

as well as in the readmitted cases there is a tendency for the average admission ages of the sexes to remain somewhat the same. The married and separated show the greatest exception to this, however. Here it will be noted that the married or separated females are admitted approximately six years earlier than the males.

ECONOMIC STATUS OF COURT FIRST AND READMISSIONS AND ALL TEMPORARY ADMISSIONS

Table 29 shows that the court first admissions present 62.0 per cent of cases in the "marginal" group. The next largest proportion of patients come from the "dependent" class, 29.5 per cent, and the smallest proportion from the "comfortable" group, 4.6 per cent. Among the readmissions 76.0 per cent fall in the "marginal" group; 18.4 per cent in the "dependent" group, and 4.4 per cent in the "comfortable" group. Among the temporary admissions, 79.2 per cent fall in the "marginal" group, 17.1 per cent in the "dependent" group, and 1.6 per cent in the "comfortable" group.

Striking differences are observed between the various types of admission. Cases rated as "dependent" make up 29 per cent of the first court admissions, 18 per cent of court readmissions, and but 17 per cent of temporary admissions. The classification "comfortable" occurs to the extent of 4 per cent in first court admissions, 4 per cent in court readmissions, and only 1 per cent in temporary admissions. There is a marked tendency here for cases in the "marginal" group to make up a larger proportion of the temporary admissions than either of the other two forms. The "dependent" group is decidedly more prevalent in the first court admissions.

ENVIRONMENT OF COURT FIRST AND READMISSIONS, AND ALL TEMPORARY ADMISSIONS

Table 30 shows the rates per 100,000 of the population of admissions from urban and rural districts in Massachusetts. The first court admissions show a rate of 33.2 admissions per 100,000 from the rural districts, and a rate of 78.8 for admissions from urban districts. Among the readmissions the rural districts show a rate of 6.4 and the urban environment a rate of 17.0. Among the temporary admissions the rural districts present a rate of 20.0 and the urban centers a rate of 67.8.

TABLE 30. — *Environment of Court First Admissions, Readmissions and All Temporary Admissions, 1934; Rates per 100,000 Population of Same Environment, 1930 Census*

	Total	Urban	Rural	Unknown
First Court Admissions:				
Number	3,267	3,020	139	108
Rate	76.8	78.8	33.2	—
Court Readmissions:				
Number	772	654	27	91
Rate	18.1	17.0	6.4	—
All Temporary Admissions: ¹				
Number	2,755	2,601	84	70
Rate	64.8	67.8	20.0	—

¹Includes admissions for temporary care and observation.

From these rates it is evident that over twice as many cases are admitted from urban districts as from rural districts in first admissions. In the readmissions and temporary admissions there are about three times as many admissions from the urban districts. The free use of the temporary care form may be taken as an indication of progress in the public understanding of mental disease problems. The use of these shorter forms of admission are much more in evidence in the urban than in the rural districts. Evidently mental disease is preeminently a problem of the city dweller rather than of the rural dweller. The urban admission rate is decidedly higher than that of the rural districts.

**POPULATION OF PLACE OF RESIDENCE OF COURT FIRST ADMISSIONS,
READMISSIONS AND ALL TEMPORARY ADMISSIONS**

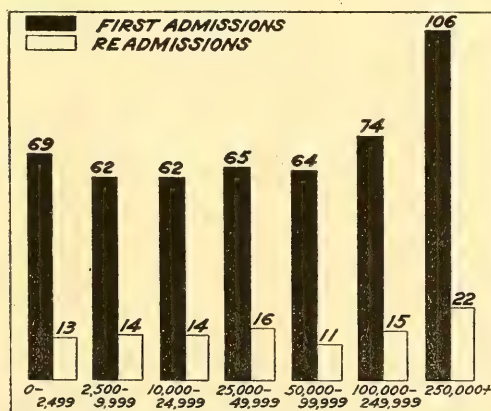
Table 31 presents the numbers of court first and readmissions and temporary admissions coming from the various population groupings. It also presents the numbers of the State population falling in these population groups and the admission rates per 100,000 for each. The material is also outlined in Graph 3 for first and readmissions.

As far as the effect of population is concerned, two definite factors are evident here. In the court first admissions, the highest rates are observed in admissions from the villages, 69.5; from the cities of over 100,000 population, 74.8; and the largest cities with populations over 250,000, 106.5. The lowest rate is seen in the second group, the cities with populations between 2,500 and 9,999, a rate of 62.2. Evidently the most favorable population groups from the standpoint of admissions to mental hospitals are the smaller or intermediate cities. The most unfavorable population groups are the villages and the very large cities. It is interesting to observe that the rural districts show an admission rate which is fairly close to that of the larger cities. The court readmissions show no significant differences in the smaller population groups but a very high admission rate for the largest cities. The temporary admissions show extremely high rates in the largest cities, with considerable variation in the other population groups.

TABLE 31. — Population of Place of Residence of Court First Admissions, Readmissions and Temporary Admissions, 1934; Rate per 100,000, 1930 Census

POPULATION	Population in Each Unit, 1930 Census	Court First Admis- sions	Rate	Court Read- missions	Rate	Tempo- rary Admis- sions	Rate
0- 2,499	199,957	139	69.5	27	13.5	84	42.0
2,500- 9,999	544,976	339	62.2	78	14.3	185	33.9
10,000- 24,999	693,428	433	62.4	100	14.4	276	39.8
25,000- 49,999	576,467	377	65.4	93	16.1	350	60.7
50,000- 99,999	460,411	296	64.3	54	11.7	236	51.2
100,000-249,999	993,187	743	74.8	157	15.8	439	44.2
250,000+	781,188	832	106.5	172	22.0	1,115	142.7
Unknown.	—	108	—	91	—	70	—
Total	4,249,614	3,267	76.8	772	18.1	2,755	64.8

(See Tables 168, 169 and 170 for detail).



GRAPH 3. — POPULATION OF PLACE OF RESIDENCE OF COURT FIRST ADMISSIONS AND READMISSIONS, 1934: ADMISSION RATES PER 100,000 OF SAME POPULATION GROUP.

TABLE 32. — *Degree of Education of Court First Admissions, Readmissions and All Temporary Admissions, 1934; Percentage Distribution*

DEGREE OF EDUCATION	FIRST COURT ADMISSIONS						COURT READMISSIONS						ALL TEMPORARY ADMISSIONS ¹					
	Number			Percent			Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	145	104	249	8.1	7.0	7.6	22	20	42	5.5	5.4	5.4	75	40	115	4.5	3.6	4.2
Reads only	5	4	9	.3	.3	.3	—	1	1	—	.3	.1	4	3	7	.2	.3	.3
Reads and writes	108	107	215	6.0	7.2	6.6	26	28	54	6.5	7.5	7.0	71	44	115	4.3	4.0	4.2
Common School	1,016	775	1,791	56.9	52.4	54.8	244	194	438	60.8	52.3	56.8	977	633	1,610	59.2	57.4	58.4
High School	281	308	589	15.7	20.8	18.0	76	107	183	19.0	28.8	23.7	353	303	656	21.4	27.5	23.8
College	82	51	133	4.6	3.4	4.1	27	17	44	6.7	4.6	5.7	103	39	142	6.2	3.5	5.2
Unknown	150	131	281	8.4	8.9	8.6	6	4	10	1.5	1.1	1.3	69	41	110	4.2	3.7	3.9
Total	1,787	1,480	3,267	100.0	100.0	100.0	401	371	772	100.0	100.0	100.0	1,652	1,103	2,755	100.0	100.0	100.0

(See Tables 162, 163 and 164 for detail).

¹Includes admissions for temporary care and observation.

TABLE 33. — *First Court Admissions and Readmissions Classified as Intemperate in the Use of Alcohol, 1934, by Psychoses: Numbers and Percentages*

PSYCHOSES	NUMBER — FIRST ADMISSIONS			NUMBER INTERMEDIATE			PERCENTAGE INTERMEDIATE			NUMBER READMISSIONS			NUMBER INTERMEDIATE			PERCENTAGE INTERMEDIATE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Alcoholic psychoses	213	28	241	213	28	241	100.0	100.0	100.0	34	6	40	34	6	40	100.0	100.0	100.0
With psychopathic personality	19	14	33	6	4	10	31.6	28.6	30.3	9	5	14	1	2	3	11.1	40.0	21.4
Without psychoses	38	18	56	15	—	15	39.5	—	26.8	7	2	9	2	—	2	100.0	—	22.2
Due to drugs, etc.	5	8	13	1	2	3	20.0	25.0	23.1	1	2	3	1	—	1	100.0	—	33.3
Traumatic psychoses	16	3	19	4	—	4	25.0	—	21.0	2	—	2	2	—	2	50.0	—	50.0
With syphilitic meningio-encephalitis	173	53	226	37	6	43	21.4	11.3	19.0	14	10	24	3	2	5	21.4	20.0	20.8
Due to new growth	2	5	7	1	—	1	50.0	—	14.3	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases	26	38	64	8	1	9	30.8	2.6	14.1	4	2	6	2	—	2	50.0	—	33.3
With mental deficiency	62	60	122	14	3	17	22.6	5.0	13.9	7	18	25	2	2	4	28.6	11.1	16.0
With other forms of syphilis	21	13	34	2	2	4	9.5	15.4	11.8	1	—	1	—	—	—	—	—	—
Manic-depressive psychoses	154	180	334	29	10	39	18.8	5.6	11.7	101	131	232	22	8	30	21.8	6.1	12.9
With cerebral arteriosclerosis	420	321	741	76	7	83	18.1	2.2	11.2	21	24	45	5	1	6	23.8	4.2	13.3
With convulsive disorders (epilepsy)	19	27	46	4	1	5	21.0	3.7	10.9	11	1	12	4	—	4	36.4	—	33.3
With organic changes of nervous system	37	23	60	5	1	6	13.5	4.3	10.0	2	2	4	—	—	—	—	—	—
With other disturbances of circulation	21	12	33	3	—	3	14.3	—	9.1	—	1	1	—	—	—	—	—	—
Dementia praecox	356	338	694	48	6	54	13.5	1.8	7.8	156	135	291	26	1	27	16.7	.7	9.3
Psychoneuroses	28	25	53	3	1	4	10.7	4.0	7.5	6	10	16	1	1	2	16.7	10.0	12.5
Senile psychoses	90	152	242	12	4	16	13.3	2.6	6.6	9	4	13	—	—	—	—	—	—
Involutional psychoses	34	82	116	6	1	7	17.6	1.2	6.0	8	6	14	1	—	1	12.5	—	7.1
Paranoia and paranoid conditions	33	53	86	3	2	5	9.1	3.8	5.8	2	8	10	—	—	—	—	—	—
With epidemic encephalitis	8	6	14	—	—	—	—	—	—	3	1	4	—	—	—	—	—	—
With other infectious diseases	6	15	21	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—
Undiagnosed psychoses	5	6	11	—	—	—	—	—	—	2	1	3	—	—	—	—	—	—
Primary behavior disorders	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,787	1,480	3,267	490	79	569	27.4	5.3	17.4	401	371	772	103	25	128	25.7	6.7	16.6

(See Tables 150 and 151 for detail).
 These percentages are based upon the total of each psychoses of first admissions by regular court commitment.

DEGREE OF EDUCATION OF COURT FIRST AND READMISSIONS AND ALL TEMPORARY ADMISSIONS

Table 32 indicates that the greater number of patients admitted to State hospitals have had a common school education with those of high school education ranking next in order. Court first admissions show 54.8 per cent of cases with a common school education, the readmissions show a slightly higher number, 56.8 per cent, while the temporary admissions show the highest percentage of all, 58.4 per cent. The court readmissions and the temporary admissions show 29 per cent of cases with a high school education or higher, while the first admissions show but 22 per cent in these higher classifications. A higher percentage of illiterate patients is evident in the first admissions (7.6 per cent) than any of the other groups. This percentage for the readmissions is 5.4 and for the temporary care admissions, 4.2 per cent. To summarize, the educational status of court readmissions is definitely higher than that of first admissions, and the educational status of temporary admissions is even higher than that of the other two groups.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS AND READMISSIONS

Table 33 gives the number and per cent of first regular court admissions and readmissions classified as intemperate in the use of alcohol, by psychoses. Of the total first regular court admissions, (3,267 cases), 569 or 17.4 per cent were classified as being intemperate, (27.4 per cent for males and 5.3 per cent for females). We observe that the alcoholic psychoses show 100 per cent of admissions as intemperate. Of the more important psychoses, we note that the highest percentages of intemperate cases are found in the psychoses with syphilitic meningo-encephalitis, 19.0 per cent, the psychoses with mental deficiency, 13.9 per cent, the manic-depressive psychoses, 11.7 per cent, and the psychoses with cerebral arteriosclerosis, 11.2 per cent. The lowest percentages of admissions with intemperate habits are observed in paranoia and paranoid conditions, 5.8 per cent; involuntal psychoses, 6.0 per cent; and senile psychoses, 6.6 per cent.

Of the total 772 readmissions, 128 or 16.5 per cent were classified as intemperate, 25.6 per cent for the males and 6.7 per cent for the females. Here again we observe that the alcoholic psychoses show 100 per cent of cases intemperate. Among the more important psychoses, we note that the highest percentages of intemperate are found in the psychoses with syphilitic meningo-encephalitis 20.8 per cent, psychoses with mental deficiency 16.0 per cent, manic-depressive psychoses 12.9 per cent and the psychoneuroses 12.5 per cent.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS 1917—1934

Table 34 reveals the numbers of first regular court admissions by years, and also gives the numbers and percentages considered as intemperate for each of these years. It will be observed that the highest percentage of intemperate users of alcohol was 27.7 per cent in the year 1917. The lowest percentage was observed in the year 1920, 10.6 per cent. After 1920 we observe a gradual rise until we reach 1927 where the recorded percentage was 18.2 per cent. The percentages for 1928 and 1929 remained the same, 16.7 per cent for both years. Although there has been a tendency toward a slight decrease in the percentages since 1927, the last year, 1934 has shown an increase in the number of intemperate cases.

Interesting sex differences are observed in the percentages of admissions over the period of years. The percentage of first admissions with intemperate habits among the males decreased from 41.4 per cent in 1917 to 27.4 per cent in 1934. The females decreased from 12.2 per cent in 1917 to 5.3 per cent in 1934. Roughly this is a 33 per cent decrease for the males and 56 per cent decrease for the females.

NUMBER AND PERCENTAGE OF CERTAIN PSYCHOSES IN FIRST COURT ADMISSIONS, 1917—1934

Tables 35A to 35 J, inclusive, show the percentages of first admissions for certain psychoses over the period of years 1917—1934, inclusive. Only those psychoses which were most important numerically are represented. These figures begin in the year 1917 for the reason that the classification of mental diseases, as approved by the American Psychiatric Association and the National Committee for Mental Hygiene, was uniformly employed by all institutions throughout the State from that date.

TABLE 34. — *First Court Admissions, 1917–1934, Classified as Intemperate in the Use of Alcohol: Percentage Distribution*¹

YEAR	Total First Admissions			Number Intemperate			Percent of First Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159 ²	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766 ²	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816 ²	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,385	2,932	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	67	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.0	5.2	16.7
1929	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7
1930	1,663	1,519	3,182	442	75	517	26.5	4.9	16.2
1931	1,617	1,527	3,144	415	72	487	25.6	4.7	15.4
1932	1,625	1,478	3,103	451	75	526	27.8	5.1	16.9
1933	1,694	1,533	3,227	450	65	515	26.6	4.2	15.9
1934	1,787	1,480	3,267	490	79	569	27.4	5.3	17.4

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean, Vets. Adm. Facilities No. 95 and No. 107 included in 1929 and thereafter.

²Includes Temporary Care Admissions.

Senile Psychoses

Table 35A gives the percentages of first admissions diagnosed as senile psychoses for the years 1917–1934. The highest percentages occur in the years 1920 and 1921. We observe a slight tendency for the last five or six years to run a trifle lower than the first five or six years of this series. However, the results fluctuate so much that a definite statement is unjustified. Over the eighteen-year period 8.8 per cent of all first court admissions were cases with senile psychoses. It will be observed that the percentage of females is almost twice that of the males for this psychosis.

TABLE 35A.—*Number and Percentage with Senile Psychoses, First Court Admissions, 1917–1934*¹

YEAR	SENILE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	131	183	314	6.0	9.4	7.6
1918	131	204	335	6.6	11.4	8.9
1919	105	190	295	5.2	10.6	7.7
1920	117	194	311	8.0	14.2	11.0
1921	135	205	340	8.1	14.3	11.0
1922	133	177	310	7.5	11.2	9.3
1923	92	180	272	6.3	13.0	9.6
1924	89	147	236	5.7	10.8	8.1
1925	103	184	287	6.6	13.1	9.7
1926	108	177	285	7.3	12.6	9.8
1927	87	172	259	5.9	12.7	9.1
1928	126	191	317	7.6	12.9	10.1
1929	86	197	283	5.5	13.3	9.3
1930	105	173	278	6.3	11.4	8.7
1931	83	180	263	5.1	11.8	8.4
1932	83	131	214	5.1	8.9	6.9
1933	83	160	243	4.9	8.5	7.5
1934	90	152	242	5.0	10.2	7.4
Total	1,887	3,197	5,084	6.2	11.7	8.8

¹Tables A–J include all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Vets. Adm. Facilities No. 95 and No. 107 included in 1929 and thereafter.

Psychoses with Cerebral Arteriosclerosis

Table 35B reveals the percentages of first admissions diagnosed as psychoses with cerebral arteriosclerosis for the years 1917–1934. We see a steady and consistent increase in the prevalence of this psychosis from 7.2 per cent in 1917 to 22.6 per cent in 1934. Insofar as the proportion of cases given this clinical di-

agnosis has tripled in the eighteen-year period, it seems that we are viewing a distinct tendency for increase in cases of this diagnosis.

We observe also a consistent difference between the sexes in that the percentages for males run about 2 per cent higher than the percentages for the females. These differences are fairly consistent throughout the entire period 1917-1934.

During the eighteen-year period 13.2 per cent of first court admissions were diagnosed with cerebral arteriosclerosis. The males again average about two per cent higher than the females.

Psychoses with Syphilitic Meningo-encephalitis (G.P.)

Table 35C gives the percentages of first admissions diagnosed as syphilitic meningo-encephalitis for the years 1917-1934, inclusive. The highest proportion with this psychosis is noted in the year 1924, 8.8 per cent. The lowest proportions are observed in 1928 and 1931, 6.4 per cent each. For 1934 the percentage is slightly higher, being 6.9 per cent. The percentages for the various years, however, show but slight fluctuations, with no discernible trend.

There is a marked sex difference in this psychosis, syphilitic meningo-encephalitis being diagnosed in males about four times as often as in females. This ratio is observed consistently throughout all of the years outlined. During the eighteen-year period this psychosis comprised 7.4 per cent of all first court admissions.

TABLE 35B. — *Number and Percentage with Cerebral Arteriosclerosis, First Court Admissions, 1917-1934*

YEAR	CEREBRAL ARTERIOSCLEROSIS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	174	126	300	7.9	6.4	7.2
1918	170	123	293	8.5	6.9	7.8
1919	198	97	295	9.8	5.4	7.7
1920	156	108	264	10.7	7.9	9.4
1921	165	90	255	9.9	6.3	8.2
1922	177	136	313	9.9	8.6	9.3
1923	162	170	332	11.2	12.3	11.7
1924	185	184	369	11.8	13.6	12.6
1925	215	169	384	13.7	12.1	13.0
1926	207	191	398	13.9	13.6	13.7
1927	231	177	408	15.6	13.0	14.4
1928	236	160	396	14.2	10.8	12.6
1929	278	212	490	17.7	14.4	16.1
1930	279	229	508	16.8	15.1	15.9
1931	334	275	609	20.7	18.0	19.4
1932	340	258	598	20.9	17.5	19.3
1933	351	310	661	20.7	20.2	20.5
1934	420	321	741	23.5	21.6	22.6
Total	4,278	3,336	7,614	14.1	12.2	13.2

Alcoholic Psychoses

Table 35D gives the percentages of first admissions diagnosed as having alcoholic psychoses for the years 1917-1934. The year 1917 reveals the greatest proportion of patients with alcoholic psychoses, 12.3 per cent. The year 1920 shows the lowest proportion, 3.6 per cent. Between 1920 and 1934 there has been considerable fluctuation with no definite trend in evidence, the proportion of alcoholic psychoses in the latter year being 7.3 per cent.

A marked sex difference is observed in this diagnosis. In 1917, 6.0 per cent of all female first admissions were diagnosed as having alcoholic psychosis. In 1934 this decreased to 1.8 per cent. Among the males this psychosis was diagnosed in 17.9 per cent of admissions in the year 1917. In 1934 it had decreased to 11.9 per cent. The alcoholic psychoses comprised 7.1 per cent of first court admissions during the eighteen years under consideration.

Dementia Praecox

Table 35E gives the percentages of first admissions diagnosed as dementia praecox for the years 1917-1934. In considering the totals, we observe that the highest proportion of cases of dementia praecox is noted in the year 1921, 27.8

per cent. The lowest proportion is observed in 1928 with 20.0 per cent. There are no great differences for the sexes with the exception of the fact that the females average about 3 per cent higher than the males.

TABLE 35C. — *Number and Percentage with Syphilitic Meningo-encephalitis (G. P.), First Court Admissions, 1917-1934*

YEAR	SYPHILITIC MENINGO-ENCEPHALITIS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	267	61	328	12.1	3.1	7.9
1918	233	56	289	11.8	3.1	7.7
1919	208	44	252	10.3	2.4	6.6
1920	175	50	225	12.0	3.7	8.0
1921	200	52	252	12.0	3.6	8.1
1922	188	53	241	10.5	3.4	7.2
1923	189	50	239	13.0	3.6	8.4
1924	201	57	258	12.7	4.2	8.8
1925	209	40	249	13.4	2.9	8.4
1926	179	53	232	12.7	3.8	8.0
1927	160	30	190	10.8	2.2	6.7
1928	158	44	202	9.5	3.0	6.4
1929	189	37	226	12.0	2.5	7.4
1930	185	46	231	11.1	3.0	7.2
1931	161	42	203	9.9	2.7	6.4
1932	158	48	206	9.7	3.2	6.6
1933	170	39	209	10.0	2.5	6.5
1934	173	53	226	9.6	3.5	6.9
Total	3,403	855	4,258	11.2	3.1	7.4

It is interesting to observe that over the period 1917-1934 dementia praecox patients have comprised almost one-fourth of our total first court admissions to State hospitals, by far the largest percentage of any of the important psychoses under consideration.

TABLE 35D. — *Number and Percentage with Alcoholic Psychoses, First Court Admissions, 1917-1934*

YEAR	ALCOHOLIC PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	393	118	511	17.9	6.0	12.3
1918	250	54	304	12.6	3.0	8.1
1919	242	54	296	12.0	3.0	7.7
1920	83	19	102	5.7	1.4	3.6
1921	118	31	149	7.1	2.2	4.8
1922	180	35	215	10.1	2.2	6.4
1923	192	30	222	13.2	2.2	7.8
1924	211	26	237	13.4	1.2	8.1
1925	159	17	176	10.2	1.2	5.9
1926	163	25	188	10.9	1.8	6.5
1927	191	22	213	12.9	1.6	7.5
1928	179	32	211	10.8	2.2	6.7
1929	213	22	235	13.5	1.5	7.7
1930	177	28	205	10.6	1.8	6.4
1931	173	25	198	10.7	1.7	6.3
1932	168	35	203	10.3	2.3	6.5
1933	184	21	205	10.9	1.4	6.4
1934	213	28	241	11.9	1.8	7.3
Total	2,489	622	4,111	11.5	2.3	7.1

Manic-Depressive Psychoses

Table 35F gives the percentages of first admissions diagnosed as manic-depressive psychoses for the years 1917-1934. The lowest proportion of first admissions diagnosed as manic-depressive occurred in the year 1919 with 8.1 per cent. The highest proportion is noted during 1932, 13.4 per cent. In 1933 the percentage dropped back to 12.1 and in 1934 dropped still further to 10.2 per cent. The sexes show a marked difference in the preponderance of cases among the females. We might say that nearly twice as many females as males are diagnosed as manic-

depressive. Cases with this diagnosis comprised 10.9 per cent of all first admissions over the eighteen-year period.

TABLE 35E. — *Number and Percentage with Dementia Praecox, First Court Admissions, 1917-1934*

YEAR	DEMENTIA PRAECOX			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	484	537	1,021	22.0	27.4	24.6
1918	459	455	914	23.1	25.5	24.3
1919	481	505	986	23.9	28.2	25.9
1920	385	378	763	26.4	28.7	27.1
1921	448	414	862	27.0	27.8	27.8
1922	401	377	778	22.5	24.0	23.2
1923	292	326	618	20.1	23.5	21.8
1924	339	316	655	21.5	23.2	22.3
1925	320	301	621	20.5	21.5	20.9
1926	324	337	661	22.7	24.0	22.8
1927	324	370	694	21.9	27.2	24.5
1928	332	295	627	19.9	19.9	20.0
1929	351	360	711	22.2	24.4	23.4
1930	324	334	658	19.5	22.0	20.6
1931	359	358	717	22.2	23.4	22.8
1932	330	348	678	20.3	23.5	21.8
1933	354	395	749	20.9	25.8	23.2
1934	356	338	694	19.9	22.8	21.2
Total	6,663	6,744	13,407	22.0	24.7	23.3

Psychoses with Mental Deficiency

Table 35G records the numbers and percentages of cases diagnosed as psychoses with mental deficiency over the period 1917-1934. There has been a steady rise in the proportion of cases with this psychosis since 1917, the highest point of 4.8 per cent occurring in 1931. The lowest proportion is seen in 1918, with 1.7 per cent. The females tend to average slightly higher percentages than the males throughout the eighteen-year period although the differences are not very significant.

TABLE 35F. — *Number and Percentage with Manic-depressive Psychoses, First Court Admissions, 1917-1934*

YEAR	MANIC-DEPRESSIVE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	141	206	347	6.4	10.5	8.4
1918	121	204	325	6.1	11.5	8.6
1919	113	195	308	5.6	10.8	8.1
1920	121	173	294	8.3	12.7	10.4
1921	135	167	302	8.1	11.6	9.8
1922	122	210	332	6.7	13.3	9.8
1923	132	182	314	9.1	13.1	11.1
1924	145	216	361	9.2	15.9	12.3
1925	136	236	372	8.7	16.8	10.3
1926	141	220	361	9.5	15.7	12.5
1927	108	175	283	7.3	12.8	10.0
1928	141	246	387	8.5	16.6	12.3
1929	134	254	388	8.5	17.2	12.8
1930	143	212	355	8.6	14.0	11.1
1931	168	217	385	10.4	14.2	12.2
1932	190	220	415	11.7	14.9	13.4
1933	180	212	392	10.6	13.8	12.1
1934	154	180	334	8.6	12.1	10.2
Total	2,530	3,725	6,255	8.4	13.6	10.9

Psychoses Due to Drugs

Table 35H gives the percentages of first admissions diagnosed as having drug psychoses for the years 1917-1934. The number of cases coming under this heading have been very small throughout the entire period. The lowest proportion is observed in the year 1925, .06 per cent. The highest proportion is noted in 1930, .7 per cent. There have been no consistent fluctuations in cases of this diagnosis over the period outlined.

TABLE 35G. — *Number and Percentage of Psychoses with Mental Deficiency, First Court Admissions, 1917-1934*

YEAR	PSYCHOSES WITH MENTAL DEFICIENCY			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	59	36	95	2.7	1.8	2.3
1918	39	26	65	1.9	1.5	1.7
1919	46	62	108	2.3	3.4	2.8
1920	40	49	89	2.7	3.6	3.2
1921	58	56	114	3.5	3.9	3.7
1922	65	65	130	3.6	4.1	3.9
1923	40	33	73	2.8	2.4	2.6
1924	41	50	91	2.6	3.7	3.1
1925	55	44	99	3.5	3.1	3.3
1926	50	46	96	3.3	3.3	3.3
1927	52	34	86	3.5	2.5	3.0
1928	44	39	83	2.7	2.6	2.7
1929	57	60	117	3.6	4.1	3.8
1930	71	79	150	4.3	5.2	4.7
1931	67	84	151	4.1	5.5	4.8
1932	73	67	140	4.5	4.5	4.5
1933	68	64	132	4.0	4.2	4.1
1934	62	60	122	3.5	4.1	3.7
Total	987	954	1,941	3.3	3.5	3.4

TABLE 35H. — *Number and Percentage with Psychoses Due to Drugs, First Court Admissions, 1917-1934*

YEAR	PSYCHOSES DUE TO DRUGS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	3	7	10	0.1	0.4	0.3
1918	4	8	12	0.2	0.4	0.3
1919	2	1	3	0.1	0.05	0.07
1920	4	8	12	0.3	0.6	0.4
1921	6	6	12	0.4	0.4	0.4
1922	8	4	12	0.4	0.3	0.3
1923	7	8	15	0.5	0.5	0.5
1924	10	2	12	0.6	0.1	0.4
1925	—	2	2	—	0.1	0.06
1926	8	4	12	0.5	0.1	0.4
1927	6	3	9	0.4	0.2	0.3
1928	6	2	8	0.4	0.1	0.3
1929	7	6	13	0.4	0.4	0.4
1930	8	14	22	0.4	0.9	0.7
1931	8	10	18	0.5	0.7	0.6
1932	6	12	18	0.4	0.8	0.6
1933	7	6	13	0.4	0.4	0.4
1934	5	8	13	0.2	0.5	0.3
Total	105	111	216	0.3	0.4	0.4

TABLE 35J. — *Number and Percentage with Psychoneuroses, First Court Admissions, 1917-1934*

YEAR	PSYCHONEUROSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	27	62	89	1.2	3.2	2.1
1918	35	56	91	1.8	3.1	2.4
1919	29	58	87	1.4	3.2	2.3
1920	15	28	43	1.0	2.1	1.5
1921	24	37	61	1.4	2.6	2.0
1922	43	66	109	2.4	4.2	3.2
1923	9	27	36	.6	1.9	1.3
1924	14	15	29	.9	1.1	1.0
1925	15	10	25	1.0	.7	.8
1926	11	17	28	.7	1.2	1.0
1927	12	21	33	.8	1.5	1.2
1928	15	18	33	.9	1.2	1.1
1929	11	31	42	.7	2.1	1.4
1930	15	22	37	.9	1.4	1.2
1931	10	18	28	.6	1.2	.9
1932	18	39	57	1.1	2.6	1.8
1933	30	38	68	1.8	2.5	2.1
1934	28	25	53	1.5	1.6	1.6
Total	361	588	949	1.2	2.2	1.6

Psychoneuroses and Neuroses

Table 35J gives the percentages of first admissions diagnosed as psychoneuroses for the years 1917-1934. The largest proportion of these cases is observed in 1922 with 3.2 per cent. The smallest proportion occurs in 1925, with .8 per cent. The females show consistently larger proportions than the males for this psychosis, the ratio being approximately 2:1. It will be noted that 1.6 per cent of first court admissions over the eighteen-year period were cases with psychoneuroses.

ECONOMIC STATUS OF COURT FIRST ADMISSIONS AND READMISSIONS,
BY PSYCHOSES

In Table 36 the court first admissions and readmissions are divided into the three economic status groups, dependent, marginal, and comfortable. Let us look at the percentage distribution of the psychoses within each of these groups. Among the first court admissions, nine psychoses show their largest proportions in the comfortable group. These are, with epidemic encephalitis, due to drugs, with other disturbances of circulation, with convulsive disorders (epilepsy), due to other metabolic diseases, manic-depressive psychoses, dementia praecox, paranoia, and psychopathic personality. The without psychoses group is also high in this economic status classification. Six psychoses show their highest occurrence in the marginal group; with syphilitic meningo-encephalitis, with other infectious diseases, alcoholic psychoses, involutional psychoses, due to new growth, and the psychoneuroses. Six psychoses show high proportions in the dependent economic group. These are, with other forms of syphilis, traumatic psychoses, with cerebral arteriosclerosis, senile psychoses, with organic changes of the nervous system and psychoses with mental deficiency.

TABLE 36. — *Economic Status of Court First Admissions and Readmissions, 1934, by Psychoses: Percentage Distribution*

PSYCHOSES	FIRST COURT ADMISSIONS				COURT READMISSIONS			
	De- pendent	Marg- inal	Com- fortable	Un- known	De- pendent	Marg- inal	Com- fortable	Un- known
With syphilitic meningo-encephalitis	6.6	7.4	4.6	3.9	2.8	3.4	—	—
With other forms of syphilis	1.7	.8	.7	—	—	.2	—	—
With epidemic encephalitis	.2	.5	.7	.8	—	.7	—	—
With other infectious diseases	—	.9	.7	1.6	—	.5	—	—
Alcoholic psychoses	5.6	8.6	5.3	3.1	2.1	6.5	—	11.1
Due to drugs, etc.	.1	.4	1.3	.8	.7	.3	—	—
Traumatic psychoses	.7	.6	—	—	—	.3	—	—
With cerebral arteriosclerosis	28.9	18.6	23.2	40.6	5.6	5.5	8.8	22.2
With other disturbances of circulation	.4	1.1	2.6	1.6	—	.2	—	—
With convulsive disorders (epilepsy)	1.2	1.5	2.0	.8	1.4	1.5	2.9	—
Senile psychoses	11.8	4.7	5.3	18.8	3.5	1.4	—	—
Involutional psychoses	1.5	4.6	3.3	3.1	2.1	1.5	5.9	—
Due to other metabolic diseases, etc.	1.9	1.9	2.0	3.1	.7	.5	—	—
Due to new growth	.1	.3	—	—	—	—	—	—
With organic changes of nervous system	1.9	1.8	1.3	3.1	—	.7	—	—
Psychoneuroses	1.2	2.0	—	—	.7	2.6	—	—
Manic-depressive psychoses	5.6	12.5	13.9	7.0	23.3	31.3	38.3	22.2
Dementia praecox	18.5	23.3	24.5	8.6	43.0	36.8	32.4	33.3
Paranoia and paranoid conditions	1.9	2.9	4.0	2.3	2.1	1.0	2.9	—
With psychopathic personality	1.2	.9	1.3	—	2.1	1.9	—	—
With mental deficiency	6.3	3.0	—	—	7.8	2.2	—	11.1
Undiagnosed psychoses	.2	.4	—	.8	.7	.3	—	—
Without psychoses	2.5	1.3	3.3	—	1.4	.7	8.8	—
Primary behavior disorders	—	.04	—	—	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Tables 165 and 166 for detail).

Table 36 shows in a very interesting way how certain of the psychoses tend to ally themselves with one of the three economic groups in both the first and the readmissions. For instance the senile psychoses and psychoses with mental deficiency each show larger proportions in the dependent group. Cases with syphilitic meningo-encephalitis, with other infectious diseases, the alcoholic psychoses and

the psychoneuroses show greater proportions in the marginal group in both first and readmissions. The psychoses with convulsive disorders, the manic-depressive psychoses and the paranoid cases show their highest proportions in the comfortable economic status group. Strangely enough, cases who are readmitted with dementia praecox tend to come from the dependent economic group whereas in first admissions they predominate in the marginal and comfortable groups.

TABLE 37. — *Psychoses of All Cases Admitted by Transfer to Hospitals for Mental Diseases, 1934; Percentage Distribution*

PSYCHOSES	NUMBER			PERCENTAGE		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	34	4	38	13.9	1.1	6.3
With other forms of syphilis	5	5	10	2.0	1.4	1.7
With epidemic encephalitis	1	—	1	.4	—	.2
With other infectious diseases	1	—	1	.4	—	.2
Alcoholic psychoses	18	6	24	7.3	1.7	4.0
Due to drugs, etc.	—	1	1	—	.3	.2
Traumatic	1	—	1	.4	—	.2
With cerebral arteriosclerosis	13	13	26	5.3	3.7	4.3
With other disturbances of circulation	—	1	1	—	.3	.2
With convulsive disorders (epilepsy)	6	3	9	2.4	.9	1.5
Senile psychoses	5	8	13	2.0	2.3	2.2
Involitional psychoses	3	9	12	1.2	2.6	2.0
Due to other metabolic diseases, etc.	—	7	7	—	2.0	1.2
Due to new growth	—	—	—	—	—	—
With organic changes of nervous system	2	2	4	.8	.6	.7
Psychoneuroses	4	3	7	1.6	.9	1.2
Manic-depressive psychoses	21	38	59	8.5	10.9	9.9
Dementia praecox	90	174	264	36.5	49.7	44.1
Paranoia and paranoid conditions	5	11	16	2.0	3.1	2.7
With psychopathic personality	3	9	12	1.2	2.6	2.0
With mental deficiency	10	24	34	4.0	6.9	5.7
Undiagnosed psychoses	20	28	48	8.1	8.0	8.0
Without psychoses	5	4	9	2.0	1.1	1.5
Primary behavior disorders	—	—	—	—	—	—
Total	247	350	597	100.0	100.0	100.0

ALL CASES ADMITTED BY TRANSFER

Table 37 gives the number and percentage distribution of all cases admitted by transfer to hospitals for mental diseases during the year 1934 by psychoses and sex. We note that 597 patients were transferred from one mental hospital to another during the year, (247 males and 350 females). The psychoses making up the greater proportion of these transfers were: dementia praecox, 44.1 per cent; manic-depressive psychoses, 9.9 per cent; psychoses with syphilitic meningo-encephalitis, 6.3 per cent; and psychoses with mental deficiency, 5.7 per cent. The sex difference observed follows mainly the admission rates for the particular psychosis. Thus, we see 13.9 per cent of males transferred as contrasted with 1.1 per cent of females with syphilitic meningo-encephalitis. In the manic-depressive psychoses, we see 8.5 per cent of males and 10.9 per cent of females transferred. In cases with dementia praecox, we see 36.5 per cent of males and 49.7 per cent of females.

Section C. Discharges from Mental Hospitals During 1934

The following section presents data in reference to all cases discharged from mental hospitals during the year ended September 30, 1934. This presentation does not include a discussion of the deaths, which follows in another section.

COURT CASES DISCHARGED FROM MENTAL HOSPITALS, 1917-1934

Table 38 outlines the number of court discharges from mental hospitals for each year of the period 1917-1934, inclusive. We notice an unusually large number of discharges during the years 1917, 1918, and 1919. This was the period of great industrial activity and a time when every available person was engaged in some gainful occupation. After 1922 we see a flattening of the curve, with the following years presenting only minor variations. For example, 1924 shows 1,885 dis-

charges, while 1934 shows 1,867 discharges. In all years the male discharges exceed the female discharges except in the two years 1920 and 1930. This excess of males over females might give the impression that the former sex were being discharged more rapidly than the latter. However, we find that the males are also presenting higher proportions of admissions so that their high discharge rate is more apparent than real.

TABLE 38. — *Number of Court Cases Discharged from Mental Hospitals, 1917-1934: Percentages*

YEARS	COURT DISCHARGES			PERCENT		
	M.	F.	T.	M.	F.	T.
1917	1,948	1,738	3,686	52.8	47.2	100.0
1918	1,701	1,351	3,052	55.7	44.3	100.0
1919	1,837	1,543	3,380	54.3	45.7	100.0
1920	1,041	1,047	2,088	49.9	50.1	100.0
1921	1,075	951	2,026	53.1	46.9	100.0
1922	1,077	1,012	2,089	51.6	48.4	100.0
1923	989	930	1,919	51.5	48.5	100.0
1924	1,024	861	1,885	54.3	45.7	100.0
1925	863	822	1,685	51.2	48.8	100.0
1926	944	824	1,768	53.4	46.6	100.0
1927	807	720	1,527	52.8	47.2	100.0
1928	854	843	1,697	50.3	49.7	100.0
1929	933	775	1,708	54.6	45.4	100.0
1930	762	846	1,608	47.4	52.6	100.0
1931	975	919	1,894	51.5	48.5	100.0
1932	865	802	1,667	51.9	48.1	100.0
1933	896	842	1,738	51.6	48.4	100.0
1934	962	905	1,867	51.5	48.5	100.0

CASES DISCHARGED TO THE COMMUNITY, 1934, BY PSYCHOSES

Table 39 shows the number of first and readmissions who were discharged during 1934, giving the percentage distribution of each in accordance with their legal forms of admission. Discussing the four most important psychoses among the first admissions, we note that dementia praecox made up 25.7 per cent of the discharges from court commitment; 16.8 per cent of the cases discharged from temporary care; 5.4 per cent of the observation discharges; and 3.2 per cent of the voluntary discharges. Manic-depressive cases discharged during the year made up 20.2 per cent of the court cases; 9.1 per cent of the temporary care; 5.4 per cent of the observation; and 6.4 per cent of the voluntary care cases discharged. The alcoholic psychoses with 344 cases discharged made up 9.5 per cent of the court commitments; 11.8 per cent of the temporary care; 10.7 per cent of the observation; and .5 per cent of the voluntary cases discharged during the year. Psychoses with cerebral arteriosclerosis made up 7.6 per cent of the court cases discharged; 3.9 per cent of temporary care cases; and 2.7 per cent of the observation cases. Three of these important psychoses show their largest percentages in the court cases. The alcoholic show their high percentage in the temporary care form.

Among the voluntary admissions who were discharged, the two highest percentages occur in the psychoses with convulsive disorders and the psychoneuroses, 10.2 and 12.4 per cent respectively. The cases without psychoses also show a very high percentage of voluntary patients discharged, 52.5 per cent. This psychosis group made up but 3.8 per cent of the court cases; 19.9 per cent of the temporary care cases; and 49.5 per cent of the observation cases. These cases without psychoses are apparently admitted very seldom under court commitment but are used in vastly increasing proportions in other forms of admission.

Readmitted cases show even higher proportions of the dementia praecox and manic-depressive psychoses among the court commitments than do first admissions. Dementia praecox makes up 29.7 per cent of readmissions by court commitment; 15.5 per cent of the temporary cares; 6.7 per cent of observations; and 7.4 per cent of the voluntary group. The manic-depressive cases discharged constituted 35.6 per cent of the court cases; 16.2 per cent of the temporary care cases; 8.4

TABLE 39. — *All Cases Discharged, 1934, by Form of Admission and Psychoses: Numbers and Percentages*

PSYCHOSES	FIRST ADMISSIONS						READMISSIONS						DISCHARGED BY TRANSFER											
	Total		Court 1		Temporary Care		Observation		Voluntary		Total		Court 1		Temporary Care		Observation		Voluntary		No.		%	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis.	98	2.9	56	4.2	31	2.2	3	.6	8	4.3	24	1.7	11	2.0	7	1.3	2	.8	4	3.3	47	8.3		
With other forms of syph.	17	.5	7	.5	7	.5	—	—	3	1.6	10	.7	8	1.4	1	.2	—	—	1	.8	8	1.4		
With epidemic encephalitis	15	.4	13	1.0	—	—	2	.4	—	—	4	.3	2	.4	—	—	1	.4	1	.8	4	.7		
With other infectious diseases	23	.7	7	.5	9	.6	5	1.0	2	1.1	1	.1	—	—	—	—	1	.4	—	—	3	.5		
Alcoholic psychoses	344	10.1	127	9.5	165	11.8	51	10.7	1	.5	98	6.8	26	4.7	51	9.8	19	7.9	2	1.6	25	4.4		
Due to drugs, etc.	40	1.2	17	1.3	17	1.2	4	.8	2	1.1	12	.8	4	.7	5	1.0	2	.8	1	.8	2	.4		
Traumatic psychoses	30	.9	10	.7	9	.6	8	1.7	3	1.6	5	.3	2	.4	2	.4	1	.4	—	—	3	.5		
With cerebral arterio-sclerosis	169	5.0	102	7.6	54	3.9	13	2.7	—	—	24	1.7	13	2.3	8	1.5	2	.8	1	.8	20	3.5		
With other disturbances of circulation	20	.6	8	.6	10	.7	1	.2	1	.5	4	.3	3	.5	1	.2	—	—	—	—	1	.2		
With convulsive disorders (epilepsy)	68	2.0	27	2.0	19	1.4	3	.6	19	10.2	45	3.1	7	1.3	23	4.4	4	1.7	11	9.0	11	1.9		
Senile psychoses	36	1.1	29	2.2	5	.4	1	.2	1	.5	10	.7	7	1.3	3	.6	—	—	—	—	6	1.1		
Involutional psychoses	71	2.1	39	2.9	30	2.1	1	.2	1	.5	19	1.3	14	2.5	4	.8	—	—	1	.8	13	2.3		
Due to other metabolic diseases, etc.	50	1.5	30	2.2	17	1.2	2	.4	1	.5	9	.6	4	.7	4	.8	—	—	1	.8	4	.7		
Due to new growth.	5	.1	2	.1	3	.2	—	—	—	—	1	.1	—	—	1	.2	—	—	—	—	—	—		
With organic changes of nervous system	57	1.7	16	1.2	35	2.5	5	1.0	1	.5	21	1.5	5	.9	12	2.3	4	1.7	—	—	3	.5		
Psychoneuroses	176	5.2	43	3.2	81	5.8	29	6.1	23	12.4	57	4.0	15	2.7	19	3.7	10	4.2	13	10.7	6	1.1		
Manic-depressive psychoses	435	12.7	269	20.2	128	9.1	26	5.4	12	6.4	314	21.9	197	35.6	84	16.2	20	8.4	13	10.7	56	9.9		
Dementia praecox	609	17.8	342	25.7	235	16.8	26	5.4	6	3.2	270	18.8	164	29.7	81	15.5	16	6.7	9	7.4	278	49.3		
Paranoia and paranoid conditions	97	2.9	49	3.7	38	2.7	9	1.9	1	.5	26	1.8	13	2.3	9	1.7	3	1.3	1	.8	12	2.1		
With psychopathic personality	41	1.2	19	1.4	15	1.1	6	1.3	1	.5	45	3.1	16	2.9	19	3.7	6	2.5	4	3.3	10	1.8		
With mental deficiency	96	2.8	67	5.0	20	1.4	9	1.9	—	—	44	3.1	23	4.2	12	2.3	9	3.8	—	—	35	6.2		
Undiagnosed psychoses	185	5.4	5	.4	170	12.1	10	2.1	—	—	55	3.8	2	.4	48	9.2	4	1.7	1	.8	9	1.6		
Without psychoses.	664	19.5	51	3.8	279	19.9	236	49.5	98	52.5	319	22.3	17	3.1	122	23.4	124	51.9	56	46.0	9	1.6		
Primary behavior disorder	57	1.7	1	.1	25	1.8	28	5.9	3	1.6	17	1.2	—	—	4	.8	11	4.6	2	1.6	—	—		
Total	3,403	100.0	1,336	100.0	1,402	100.0	478	100.0	187	100.0	1,434	100.0	553	100.0	520	100.0	239	100.0	122	100.0	565	100.0		

(See Table 173 for detail)

Includes sane dangerous cases at Monson (20 first admissions, 2 readmissions)

TABLE 40. — *Mental Condition of All Committed Cases Discharged, 1934: Rate per 100 Admissions of Same Diagnosis — Concluded*

PSYCHOSES	FIRST COURT ADMISSIONS DISCHARGED				COURT READMISSIONS DISCHARGED				UNIMPROVED			
	IMPROVED		UNIMPROVED		ALL RE-ADMISSIONS ¹		ALL READMISSION DISCHARGED ¹		RECOVERED		IMPROVED	
	Number	Rate per 100 Admissions Same Di'nosis	Number	Rate per 100 Admissions Same Di'nosis	Total	Number	Rate per 100 Admissions Same Di'nosis	Number	Rate per 100 Admissions Same Di'nosis	Number	Rate per 100 Admissions Same Di'nosis	Number
With syphilitic meningo-encephalitis	47	20.8	3	1.3	24	11	45.8	—	—	11	45.8	—
With other forms of syphilis	5	14.7	1	2.9	4	8	800.0	1	100.0	7	700.0	—
With epidemic encephalitis	12	85.7	—	—	4	2	50.0	—	—	2	50.0	—
With other infectious diseases	5	23.8	—	—	3	—	—	—	—	—	—	—
Alcoholic psychoses	69	28.6	8	3.3	42	26	61.9	7	16.6	15	35.7	4
Due to drugs, etc.	8	61.5	—	—	3	4	133.3	—	—	3	100.0	9.5
Traumatic psychoses	6	31.6	2	10.5	2	2	100.0	1	50.0	1	50.0	33.3
With cerebral arteriosclerosis	70	9.4	22	3.0	45	13	28.9	—	—	10	22.2	—
With other disturbances of circulation	7	21.2	—	—	1	3	300.0	2	200.0	1	100.0	3
With convulsive disorders (epilepsy)	12	26.1	2	4.3	12	5	41.6	1	8.3	2	16.6	2
Senile psychoses	23	9.5	1	2.1	13	7	53.8	—	—	4	30.7	2
Involutional psychoses	29	25.0	1	9	14	14	100.0	3	21.4	10	71.4	7.1
Due to other metabolic diseases, etc.	20	31.3	2	3.1	4	4	100.0	—	—	3	75.0	1
Due to new growth	1	14.3	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	12	20.0	1	1.7	4	5	125.0	—	—	4	100.0	—
Psychoneuroses	27	50.9	3	5.7	16	15	93.7	3	18.7	12	75.0	1
Manic-depressive psychoses	150	44.9	15	4.5	232	197	84.9	71	30.6	109	46.9	17
Dementia praecox	268	38.6	38	5.5	291	164	56.3	12	4.1	115	39.5	37
Paranoia and paranoid conditions	37	43.0	7	8.1	10	13	130.0	1	10.0	10	100.0	2
With psychopathic personality	8	24.2	3	9.1	14	16	114.3	8	57.1	5	35.7	3
With mental deficiency	44	36.1	5	4.1	25	23	92.0	8	32.0	12	48.0	3
Undiagnosed psychoses	3	27.3	—	—	9	2	66.6	—	—	1	33.3	1
Without psychoses	1	1.8	3	5.4	9	17	188.9	—	—	—	—	11.1
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	864	26.4	122	3.7	772	551	71.4	119	15.4	337	43.6	79
												10.2

(See Tables 145, 146, 178 and 179 for detail).

¹Includes admissions and discharges under regular court commitment.

per cent of the observation cases; and 10.7 per cent of the voluntary group. Cases without psychoses among the readmissions again show small proportions discharged from court commitment, 3.1 per cent; 23.4 per cent were discharged from temporary care; 51.9 per cent from observation; and 46.0 per cent from a voluntary form of admission.

The final column of this table shows that 565 or 10.4 per cent of the total cases discharged were transfers. It will be observed that the largest percentages of transfers occur in dementia praecox with 49.3 per cent, the manic-depressive psychoses with 9.9 per cent, and syphilitic meningo-encephalitis, with 8.3 per cent.

MENTAL CONDITION OF COMMITTED PATIENTS DISCHARGED

Table 40 shows the individual discharge rates per 100 admissions of the same diagnosis for the various psychoses. In discussing the numerically important psychoses, we note that the dementia praecox cases have a discharge rate of 49.3 in the first admissions and 56.3 in the readmissions. The manic-depressive psychoses show a discharge rate of 80.5 among the first admissions and a rate of 84.9 in the readmissions; the psychoses with cerebral arteriosclerosis have a discharge rate of 13.8 in the first admissions and 28.9 in the readmissions; the alcoholic psychoses a rate of 52.7 in the first admissions and 61.9 in the readmissions; the senile psychoses, 12.0 in the first admissions, and 53.8 in the readmissions; the psychoses with syphilitic meningo-encephalitis, 24.7 in the first admissions, and 45.8 in readmissions; and the psychoses with mental deficiency a discharge rate of 54.9 in the first admissions and a rate of 92.0 in the readmissions. Most of the psychoses have definitely higher discharge rates among the readmissions than among the first admissions.

Table 41 shows the discharge rates for the total of all the psychoses considered together. For each 100 cases admitted during 1934, 46.2 were discharged during the same year. The discharge rate for first admissions was 40.3, and for readmissions, 71.4. We note that the discharge rate of the readmissions is approximately 77 per cent higher than that of the first admissions. Among the first admissions the recovered group shows a discharge rate of 8.9 which is lower than the rate of 15.4 for the readmissions. In the improved group the first admissions show a discharge rate of 26.4 while the rate of the readmissions was 43.6. In the unimproved group the first admissions show a rate of 3.7 and the readmissions a rate of 10.2. Thus, in each of these mental status groups the readmissions show definitely higher discharge rates than the first admission.

The fact that the higher discharge rates for readmissions as viewed in the above tables do not coincide with clinical experience has led to the serious questioning of this method of computing discharge rates. It is suggested, therefore, that dependence be placed rather upon Table 48 and the accompanying text which bases discharge rates upon cases under care. It is felt that the method used in developing Table 48 is much less subject to error than the results outlined in this particular section.

TABLE 41. — *Court First and Readmissions Discharged, 1934, by Mental Status: Discharge Rate per 100 Admissions*

DISCHARGE RATES	DISCHARGE RATE PER 100 ADMISSIONS				
	MENTAL STATUS AT DISCHARGE				
	Total	Recovered	Improved	Unimproved	Without Psychoses
Per 100 First Admissions . . .	40.3	8.9	26.4	3.7	1.3
Per 100 Readmissions . . .	71.4	15.4	43.6	10.2	2.2
Per 100 Admissions — Total . .	46.2	10.2	29.7	4.9	1.4

(See Tables 178 and 179 for detail).

AVERAGE TIME WITHIN INSTITUTIONS DURING THIS ADMISSION OF COMMITTED PATIENTS DISCHARGED

The average net hospital stay in years for all psychoses and for both sexes is one year and three months (Table 42). Patients who were discharged as "recovered"

TABLE 42. — Average Time in Years Spent in Institutions during This Admission of Committed Patients Discharged, 1934;
by Condition on Discharge and Sex

PSYCHOSES	AVERAGE TIME IN RESIDENCE IN YEARS											
	ALL CONDITIONS				RECOVERED				IMPROVED			
	M.	F.	T.		M.	F.	T.		M.	F.	T.	
With syphilitic meningo-encephalitis . . . . .	.87	1.52	1.05		1.83	3.12	2.47		.84	1.27	.95	
With other forms of syphilis	2.67	.18	2.01		.85	—	.85		3.08	.23	2.36	
With epidemic encephalitis	2.01	.24	1.30		.12	—	.12		1.98	.32	1.38	
With other infectious diseases . . . . .	.50	.66	.57		.37	.20	.28		.73	.75	.73	
Alcoholic psychoses . . . . .	.79	.67	.77		.69	.81	.71		.51	.58	.52	
Due to drugs, etc. . . . .	.27	.33	.30		.10	.16	.13		.41	.44	.43	
Traumatic psychoses . . . . .	.68	—	.68		.42	—	.42		.74	—	.74	
With cerebral arteriosclerosis . . . . .	.49	.79	.66		.53	1.85	1.19		.45	.68	.57	
With other disturbances of circulation . . . . .	.20	.59	.55		.20	.46	.37		—	.62	.62	
With convulsive disorders (epilepsy)	1.14	1.63	1.36		.70	.29	.60		1.64	1.00	1.32	
Senile psychoses . . . . .	.88	1.16	1.06		.46	.46	1.48		.81	1.06	.97	
Involutional psychoses	1.59	1.73	1.68		.41	2.11	1.54		2.04	1.84	1.91	
Due to other metabolic diseases, etc. . . . .	.90	1.30	1.21		—	1.86	1.86		1.19	1.08	1.12	
Due to new growth . . . . .	.12	.46	.29		—	—	—		—	.46	.46	
With organic changes of nervous system . . . . .	.86	.97	.90		—	.66	.66		.82	1.58	.96	
Psychoneuroses . . . . .	.75	1.09	.93		1.08	.69	.98		.52	1.05	.88	
Manic-depressive psychoses	1.23	1.03	1.12		1.32	.98	1.13		1.14	.94	1.03	
Dementia praecox	1.56	1.52	1.54		1.20	1.18	1.19		1.34	1.27	1.30	
Paranoia and paranoid conditions . . . . .	.85	1.61	1.37		.28	6.79	2.88		.79	1.18	1.06	
With psychopathic personality	2.77	.82	1.99		3.29	.45	2.40		2.64	.94	1.98	
With mental deficiency	1.82	2.65	2.26		2.16	2.65	2.36		1.70	2.20	2.44	
Undiagnosed psychoses . . . . .	.16	.13	.14		.20	.29	.24		.12	.12	.12	
Without psychoses	1.26	.53	1.07		—	—	—		—	—	—	
Primary behavior disorders . . . . .	.12	—	.12		—	—	—		—	—	—	
Total	1.23	1.28	1.25		1.20	1.26	1.23		1.12	1.16	1.14	
									2.05	2.21	2.13	

remained one year and two months. Those discharged as "improved" remained approximately one year and one month. Those discharged as "unimproved" remained about two years and one month.

The average length of stay in years for all discharges is longest in cases with mental deficiency, 2.26 years. The psychoses with other forms of syphilis, 2.01 years; with psychopathic personality, 1.99 years; the involutional psychoses, 1.68 years, and cases with dementia praecox, 1.54 years, come next in order according to length of stay. We find the shortest average periods in the following psychoses: undiagnosed psychoses, .14 years; psychoses due to new growth, .29 years; due to drugs, .30 years; with other disturbances of circulation, .55 years and with other infectious diseases, .57 years. It might be well to explain that these average lengths of hospital stay represent the time the patient actually spent within the institution, excluding all time out on visit, etc.

In the "recovered" group, patients with the following psychoses remained the longest average time in hospitals: paranoia and paranoid conditions, 2.88 years; syphilitic meningo-encephalitis, 2.47 years; and psychopathic personality, 2.40 years. Patients with the following psychoses remained the shortest average time: with epidemic encephalitis, .12 years; due to drugs, .13 years; undiagnosed psychoses, .24 years; and with other infectious diseases, .28 years.

In the groups considered as "improved" in mental condition, the following psychoses remained the longest average periods: with other forms of syphilis, 2.36 years; psychoses with mental deficiency, 2.20 years; psychopathic personality, 1.98 years; involutional psychoses, 1.91 years; with epidemic encephalitis, 1.38 years, and with convulsive disorders (epilepsy), 1.32 years. The shortest averages were observed in the undiagnosed psychoses, .12 years; due to drugs, .43 years; psychoses due to new growth, .46 years; and the alcoholic psychoses, .52 years.

For the group considered as "unimproved" in mental condition, the longest average stay was observed in the following: dementia praecox, 2.96 years; with mental deficiency, 2.44 years; paranoia, 2.30 years; and psychoses with convulsive disorders, 2.27 years. The shortest averages were observed in the following: undiagnosed psychoses, .04 years; other forms of syphilis, .04 years; and psychoses due to new growth and due to other metabolic diseases, .12 years each. In the group "without psychoses" the average length of stay was 1.07 years.

In comparing the sexes, we observe in the total for all mental conditions that the females remain in the institution about three weeks longer than the males. In the "recovered" group there is a little over three weeks difference in the average length of hospital stay for the sexes. In the "improved" group the males remained one year and one month and the females nearly one year and two months. In the "unimproved" group the males remained two years and three weeks while the females remained two years and two months.

NATIVITY OF COURT FIRST AND READMISSIONS DISCHARGED, 1934.

DISCHARGE RATE PER 1,000 UNDER CARE

Table 43 presents the discharge rates per thousand under care of the different nativity groups in both first and readmissions. There were 16,325 first admissions under care during 1934. One thousand three hundred and sixteen cases were discharged during the year, giving a discharge rate of 80.6 per thousand under care. Patients born in Portugal, Greece and Sweden show the highest discharge rates of 150, 149 and 107, respectively. The United States shows the largest total number under care of 10,527, with 838 discharges and a discharge rate of 79.6. England, Finland and Italy show discharge rates of 74 each. Austria shows the lowest discharge rate of 19.

There were 12,974 readmissions under care during the year, with 551 discharges making a discharge rate of 42.5 per thousand under care. This discharge rate is only about half that observed in the first admissions. It will be noted that the order of the different countries in the discharge rates among the readmissions vary greatly from those observed in the first admissions. In the readmissions Scotland, Portugal and Finland present the high discharge rates of 119, 78 and 70, respectively. That of the United States, with 365 discharges, is 43. The lowest discharge rates are observed in Poland and Austria with discharge rates of 14 and 10, respectively. In considering these findings it should be remembered

that the numbers of discharges from any one country are rather small and for that reason no particular significance should be attached to the findings for any one year.

TABLE 43. — *Nativity of Court First and Readmissions Discharged, 1934, by Sex: Discharge Rates per 1,000 under Care*

COUNTRY OF BIRTH	FIRST ADMISSIONS			READMISSIONS		
	Total under Care	Total Discharges	Rate per 1,000	Total under Care	Total Discharges	Rate per 1,000
Portugal	173	26	150.2	102	8	78.4
Greece	87	13	149.4	66	—	—
Sweden	195	21	107.6	164	4	24.3
Poland	407	40	98.2	282	4	14.1
Canada ¹	1,276	123	96.3	926	36	38.8
Germany	141	13	92.1	102	4	39.2
Russia	374	34	90.9	547	29	53.0
United States	10,527	838	79.6	8,358	365	43.6
England	401	30	74.8	263	13	49.4
Finland	108	8	74.0	71	5	70.4
Italy	567	42	74.0	399	20	50.1
Ireland	1,278	75	58.6	1,089	36	33.0
Scotland	123	6	48.7	84	10	119.0
Austria	102	2	19.6	99	1	10.1
All other countries	566	45	79.5	422	16	37.9
Total	16,325	1,316	80.6	12,974	551	42.5

(See Tables 192 for detail).

¹Includes Newfoundland.

AVERAGE AGE OF COURT FIRST ADMISSIONS AND READMISSIONS DISCHARGED BY PSYCHOSES AND SEX

Table 44 reveals that there is a difference of one and a half years between the average age at discharge for first admissions (42.5 years), and readmissions, (44.1 years). The first admissions show an average age of 42.0 years for the males and 43.0 years for the females. In the readmissions the males show a discharge age of 43.2 years and the females 45.1 years. In cases admitted to State hospitals during 1934 the first admissions entered at an average age of 49.7 years and the readmissions at an average age of 44.9 years.

The senile cases discharged showed the highest average ages of 71.6 years for first admissions and 64.6 years for readmissions. Cases with cerebral arteriosclerosis were next with an average discharge age of 67.8 years in the first admissions and 63.2 years in the readmissions. Excluding the psychoses with other disturbances of circulation and the psychoses due to new growth, because of the small numbers of cases involved, we find that the involuntional psychoses showed an average age of 53.3 years in the first admissions and 54.6 years in the readmissions. The paranoid group showed an average discharge age of 49.6 years in first admissions and 55.5 years in readmissions. The alcoholic show a discharge age of 46.2 in first admissions and 46.1 in readmissions. The manic-depressive psychoses showed an average discharge age of 41.5 years in the first admissions and 46.4 in the readmissions. Psychoses with syphilitic meningo-encephalitis showed an average age of 44.3 in the first admissions and 47.9 in the readmissions. Patients with dementia praecox had an average discharge age of 33.4 years in the first admissions, and 39.6 years in the readmissions. The psychoses due to convulsive disorders (epilepsy) showed an average of 32.7 years in the first admissions and 27.5 in the readmissions; mental deficiency 35.1 years in the first admissions and 32.2 years in the readmissions. The without psychoses group showed an average discharge age of 33.3 years in the first admissions and 37.2 years in the readmissions. Many of these psychoses tend to show *older* average discharge ages among the first admissions than among the readmissions. The involuntional group, paranoia, manic-depressive, dementia praecox, with syphilitic meningo-encephalitis, and without psychoses show higher average ages at discharge among the readmissions.

TABLE 44. — *Average Age at Discharge of Court First Admissions and Readmissions, Discharged, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	48	19	67	44.5	45.9	44.9	39	17	56	43.6	46.0	44.3	9	2	11	48.6	45.0	47.9
With other forms of syphilis	11	4	15	47.0	46.2	46.8	3	4	7	45.8	46.2	46.0	8	—	8	47.5	—	47.5
With epidemic encephalitis	9	6	15	24.2	37.5	29.5	8	5	13	25.0	38.5	30.2	1	1	2	17.5	32.5	25.0
With other infectious diseases	4	3	7	27.5	29.1	28.2	4	3	7	27.5	29.1	28.2	—	—	—	—	—	—
Alcoholic psychoses	132	21	153	46.0	47.2	46.2	109	18	127	46.1	46.9	46.2	23	3	26	45.7	49.1	46.1
Due to drugs, etc.	11	10	21	45.6	48.7	47.1	9	8	17	43.6	42.5	43.0	2	2	4	55.0	57.5	56.2
Traumatic psychoses	12	—	12	44.1	—	44.1	10	—	10	46.5	—	46.5	2	—	2	32.5	—	32.5
With cerebral arteriosclerosis	52	63	115	67.9	66.8	67.3	47	55	102	68.2	67.5	67.8	5	8	13	64.5	62.5	63.2
With other disturbances of circulation	1	10	11	67.5	60.0	60.6	—	—	8	—	59.3	59.3	1	2	3	67.5	62.5	64.1
With convulsive disorders (epilepsy)	12	10	22	30.0	33.5	31.5	9	8	17	31.3	34.3	32.7	3	2	5	25.8	30.0	27.5
Senile psychoses	13	23	36	69.0	70.9	70.2	11	18	29	71.5	71.6	71.6	2	5	7	55.0	68.5	64.6
Involuntary psychoses	19	34	53	54.6	53.2	53.7	15	24	39	54.1	52.9	53.3	4	10	14	56.2	54.0	54.6
Due to other metabolic diseases, etc.	10	24	34	45.5	43.3	43.9	9	21	30	43.6	43.2	43.3	1	3	4	62.5	44.1	48.7
Due to new growth	1	—	1	67.5	52.5	60.0	1	1	2	67.5	52.5	60.0	—	—	—	—	—	—
With organic changes of nervous system	1	7	21	43.9	41.0	42.9	10	6	16	43.0	38.3	41.2	4	1	5	46.2	57.5	48.5
Psychoneuroses	27	31	58	38.9	38.4	38.7	20	23	43	38.2	37.0	37.6	7	8	15	41.0	42.5	41.8
Manic-depressive psychoses	209	257	466	45.3	42.2	43.6	124	145	269	43.4	40.0	41.5	85	112	197	48.1	45.2	46.4
Dementia praecox	248	258	506	33.6	37.2	35.4	161	181	342	31.3	35.2	33.4	87	77	164	36.9	41.7	39.6
Paranoia and paranoid conditions	20	42	62	49.7	51.4	50.8	18	31	49	48.3	50.4	49.6	2	11	13	62.5	54.3	55.5
With psychopathic personality	21	14	35	34.9	37.1	35.8	13	6	19	33.3	38.3	34.8	8	8	16	37.5	36.2	36.8
With mental deficiency	42	48	90	32.5	36.0	34.3	30	37	67	33.0	36.8	35.1	12	11	23	31.2	33.4	32.2
Undiagnosed psychoses	7	—	7	45.0	44.5	44.6	1	4	5	52.5	36.2	39.5	1	1	2	37.5	77.5	57.5
Without psychoses	43	15	58	36.6	28.1	34.4	30	11	41	35.6	27.0	33.3	13	4	17	39.0	31.2	37.2
Primary behavior disorders	1	—	1	22.5	—	22.5	1	—	1	22.5	—	22.5	—	—	—	—	—	—
Total	962	905	1,867	42.3	43.6	43.0	682	634	1,316	42.0	43.0	42.5	280	271	551	43.2	45.1	44.1

(See Tables 174 and 175 for detail)

TABLE 45. — Average Age at Discharge of Court First Admissions and Readmissions Discharged, 1934, by Hospital and Sex

HOSPITALS	TOTAL DISCHARGES			FIRST ADMISSIONS			READMISSIONS		
	NUMBER			NUMBER			NUMBER		
	AVERAGE AGE			AVERAGE AGE			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Tewksbury	4	—	4	48.7	—	48.7	52.5	—	52.5
Boston State	83	132	215	43.8	47.9	46.4	45.9	47.8	47.1
Westborough	89	93	182	43.6	45.3	44.5	42.6	44.6	43.6
Gardner	18	30	48	40.0	46.5	44.0	39.4	42.7	41.3
Worcester	162	160	322	42.3	45.1	43.7	42.3	45.4	43.8
McLean	28	23	51	40.6	38.5	42.9	40.9	36.7	39.2
Northampton	113	106	219	41.6	44.1	42.8	39.2	43.8	41.5
Medfield	42	44	86	44.0	40.5	42.2	40.9	38.8	39.8
Danvers	144	140	284	43.2	41.0	42.1	43.9	39.4	41.7
Veterans Administration Facility No. 107	52	—	52	41.8	—	41.8	44.0	—	44.0
Metropolitan	8	7	15	42.5	40.3	41.5	—	—	—
Grafton	12	10	22	40.0	43.0	41.3	41.0	38.7	40.3
Foxborough	35	54	89	40.3	40.1	40.2	39.8	40.0	39.9
Veterans Administration Facility No. 95	29	—	29	39.3	—	39.3	40.0	—	40.0
Bridgewater	39	—	39	38.5	—	38.5	38.7	—	38.7
Taunton	81	82	163	38.6	37.5	38.0	43.6	41.8	42.7
Boston Psychopathic	19	22	41	36.4	37.5	37.0	36.4	36.7	36.6
Monson	4	2	6	28.7	22.5	26.6	29.1	22.5	26.5
Total	962	905	1,867	42.3	43.6	43.0	42.0	43.0	42.5
Percent	100.0	100.0	100.0	70.9	70.1	70.5	280	271	551
							29.1	29.9	29.5

(See Tables 180 and 181 for detail)

AVERAGE AGE OF COMMITTED PATIENTS DISCHARGED, BY HOSPITAL

In Table 45 we observe that the average age of first admissions discharged during 1934 was 42.5 years, and for the readmissions the age was 44.1 years. Both the first admissions and the readmissions discharged left the institution at approximately the same ages. We recall that the first admissions admitted during the year average over four years older than the readmissions admitted during the year, (49.7 years as against 44.9 years). Apparently the first admissions select the younger cases for discharge, while the readmissions discharge cases from all age groups. The highest average age for all discharges is seen at Tewksbury with 48.7 years. Boston State is second with 46.4 years, and Westborough third with 44.5 years. The Psychopathic Hospital with 37.0 years, and the Monson State Hospital with 26.6 years show the youngest discharge ages. At the Boston State Hospital, Worcester, Bridgewater, Tewksbury, Veterans No. 107 and Veterans No. 95, the first admissions discharged were older than the readmissions discharged. The remaining institutions showed the average age of readmissions discharged to be higher than that of the first admissions. When we take the entire sample, comprised of all cases discharged from all institutions throughout the State, we see that the average age at discharge is slightly higher for readmissions than for first admissions.

It will be observed in Table 45 that 70.5 per cent of the cases discharged were first admissions while 29.5 per cent were readmissions. The percentages remain about the same for each of the sexes.

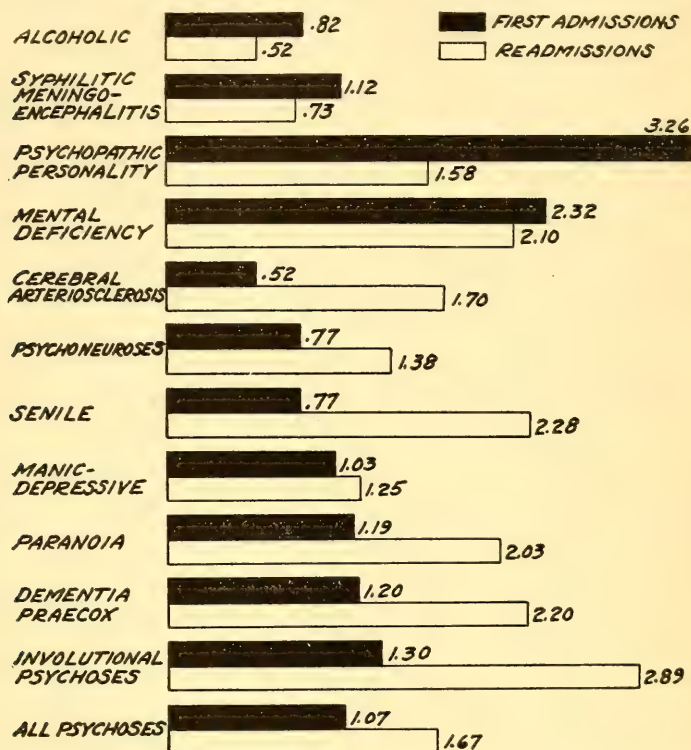
AVERAGE LENGTH OF HOSPITAL STAY DURING THIS ADMISSION AND ALL ADMISSIONS, BY PSYCHOSES

Table 46 and Graph 4 show us that the average length of hospital stay of first admissions discharged during 1934 was 1.07 years; 1.04 years for the males and 1.11 years for the females. The average hospital stay during this admission for the readmissions was 1.67 years; 1.68 years for the males and 1.66 for the females. It is evident that first admissions leave the hospital in approximately one year and a month, while the readmissions discharged stay half again as long, or one year and eight months.

The readmissions had previous hospital residences during which they remained within institutions an average of 1.71 years. We see a longer average stay for the females, 2.06 years as opposed to 1.38 years for the males. Readmissions show a total time in institutions during all admissions, including previous admissions as well as the present admission, of 3.38 years; 3.06 years for the males and 3.72 years for the females. We notice a seven months difference in length of residence between the sexes here. Apparently, the females tend to remain in institutions longer during their early admissions, while the males remain slightly longer during the later admissions.

Turning to the individual psychoses, and referring to *this* admission only, we note that cases with psychopathic personality show the longest average hospital stay of 3.26 years for first admissions and 1.58 years for readmissions. Psychoses with mental deficiency show an average residence of 2.32 years for first admissions and 2.10 years for readmissions; epidemic encephalitis, 1.35 for first admissions and .98 for readmissions; involutional psychoses, 1.30 years for first admissions and 2.89 for readmissions; psychoses due to other metabolic diseases, etc., 1.25 years for the first admissions and .86 years for the readmissions; dementia praecox, 1.20 years for first admissions and 2.20 for readmissions; paranoia, 1.19 years for first admissions and 2.03 for readmissions; psychoses with syphilitic meningo-encephalitis, 1.12 years for first admissions and .73 for readmissions; and psychoses with convulsive disorders, 1.11 years for first admissions and 2.19 for readmissions. The cases with involutional psychoses, dementia praecox, with convulsive disorders, psychoses with mental deficiency, and paranoia show the longest periods of hospital residence for both first admissions and readmissions. The cases with primary behavior disorders, with other forms of syphilis, the undiagnosed psychoses, the psychoses due to drugs and due to new growth show the shorter periods of hospital residence. Most of the psychoses tend to show longer periods of residence during this admission when they become readmissions. The psychoses with psychopathic personality, mental deficiency, with epidemic

encephalitis, due to other metabolic diseases, with syphilitic meningo-encephalitis and the alcoholic psychoses are conspicuous exceptions to this rule as these psychoses tend to show a shorter hospital residence when they become readmissions.



GRAPH 4. — AVERAGE LENGTH OF TIME IN RESIDENCE OF COURT CASES DISCHARGED FROM MENTAL HOSPITALS DURING 1934: FIRST ADMISSIONS AND READMISSIONS.

DISCHARGE RATES PER 1,000, ALL FIRST AND READMISSIONS UNDER CARE, 1934, BY PSYCHOSES AND AGE

Table 47 outlines the discharge rates in the various psychoses per thousand cases under care for both first and readmissions. We note that the first admissions show the high discharge rate of 183 cases per thousand under care, while the readmissions have a much lower rate of 104. In the first admissions the psychoses due to drugs show the highest discharge rate of 702. The psychoneuroses are second with a rate of 561; psychoses with other infectious diseases third with 460; traumatic psychoses fourth with 330; and the manic-depressive psychoses fifth with 279. Cases with dementia praecox show a low discharge rate of 102 per thousand under care. The lowest discharge rates are seen in the psychoses with mental deficiency with 93; with convulsive disorders (epilepsy), with 82; and in the senile psychoses with a rate of 44 cases discharged per thousand under care. Cases with primary behavior disorders are not discussed in this connection because of the extremely small number of cases involved.

Among the readmissions the highest discharge rate of 500 again occurs in the psychoses due to drugs. The psychoneuroses are second in order with a discharge rate of 449; disturbances of circulation third with a rate of 400; psychopathic personality fourth with 333; and psychoses with organic changes of the nervous system fifth with a rate of 216. The lowest discharge rates among the readmissions are seen in the psychoses with syphilitic meningo-encephalitis, in the psychoses with mental deficiency, and in dementia praecox with rates of 72, 45 and 34,

respectively. The latter psychosis not only shows the lowest discharge rate in the readmissions but this rate is only one-third that of the rate observed in the first admissions of this psychosis.

TABLE 47. — *Discharge Rates per 1,000 All First and Readmissions under Care, 1934, by Psychoses*

FIRST ADMISSIONS DISCHARGE RATE PER 1,000		READMISSIONS DISCHARGE RATE PER 1,000	
Due to drugs, etc.	702.	Due to drugs, etc.	500.
Psychoneuroses	561.	Psychoneuroses	449.
With other infectious diseases.	460.	With other disturbances of circulation	400.
Traumatic psychoses	330.	With psychopathic personality	333.
Manic-depressive psychoses	279.	With organic changes of nervous system	216.
Due to new growth	278.	Due to other metabolic diseases, etc.	214.
Alcoholic psychoses	261.	Traumatic psychoses	200.
Due to other metabolic diseases, etc.	260.	Manic-depressive psychoses	197.
With organic changes of nervous system	244.	With other forms of syphilis	172.
With other disturbances of circulation	238.	Alcoholic psychoses	134.
With psychopathic personality	234.	With convulsive disorders (epilepsy)	125.
Paranoia and paranoid conditions	191.	Involuntal psychoses	112.
With epidemic encephalitis	169.	With epidemic encephalitis	103.
Involuntal psychoses	139.	Paranoia and paranoid conditions	102.
With syphilitic meningo-encephalitis	136.	With cerebral arteriosclerosis	98.
With other forms of syphilis	133.	Senile psychoses	91.
Dementia praecox	102.	With other infectious diseases	91.
With cerebral arteriosclerosis	94.	With syphilitic meningo-encephalitis	72.
With mental deficiency	93.	With mental deficiency.	45.
With convulsive disorders (epilepsy)	82.	Dementia praecox	34.
Senile psychoses	44.	Due to new growth	—
Undiagnosed psychoses	849.	Undiagnosed psychoses	478.
Without psychoses	372.	Without psychoses	669.
Primary behavior disorders	919.	Primary behavior disorders.	1,000.
Total	183.	Total	104.

NOTE: — In contrast with other tables in this section, the present table includes rates on *all* discharges from institutions during 1934 and not on court discharges only.

In evaluating these findings the age factor should not be forgotten. With the exception of dementia praecox, most of the psychoses show high discharge rates in the younger ages and lower discharge rates in the older ages. Detailed discharge rates for the different age groups within the respective psychoses are outlined in Table 48.

Table 48 presents the discharge rates in the psychoses by age for both first and readmissions of all cases discharged during 1934. As the discharge rates for the psychoses outlined in Table 47 might be influenced by a preponderance of younger or older patients in a particular psychosis, we are presenting the detail of each psychosis by age. In the psychoses, cases under care in each age group are compared with the number discharged within the same age groups. This gives us a discharge rate based not only on psychosis but on age as well. It also enables us to test whether or not dementia praecox cases aged 30–39 years, for example, will have a greater or a lesser chance of discharge than cases aged 40–49 years. Let us first inspect the discharge rates within the various age groups for first admissions.

In the age group 0–19 years, psychoses due to drugs, due to new growth, and the alcoholic psychoses show the highest discharge rates of 1,000 each. In the 20–29 year age group paranoia, with a rate of 833, psychoses due to drugs, with 818, and the psychoneuroses with 675 present the highest rates. In the group 30–39 years, the senile psychoses, the psychoses due to drugs, and the psychoneuroses present discharge rates of 1,000, 818 and 578, respectively. In the next group, 40–49 years, the psychoses due to drugs, the psychoses with other infectious diseases and the psychoneuroses show the highest rates of 750, 533 and 443, respectively. In the age group 50–59 years, the psychoses due to drugs, with a rate of 600, psychoses with other infectious diseases with a rate of 500, and the psychoneuroses with a rate of 486 show the greatest tendency to discharge. In the group 60–69 years, the psychoses due to new growth, the psychoses due to drugs, and the psychoneuroses show rates of 500, 333, and 292, respectively. In the next age group we again find the psychoses due to drugs heading the list with a discharge rate of 667 cases discharged per each 1,000 under care of the same psychosis.

With epidemic encephalitis	140	219	169	143	125	133	273	143	241	111	222	167	—	333	100
First admissions	80	143	103	667	—	400	—	33	100	—	500	111	—	—	—
Readmissions	165	127	139	—	—	—	—	—	—	—	333	200	318	207	231
Involutional psychoses	121	107	112	—	—	—	—	—	—	—	—	—	250	214	227
With syphilitic meningo-encephalitis	118	187	136	333	—	333	—	111	45	136	229	162	146	179	154
First admissions	68	96	72	—	—	—	167	—	143	48	182	68	67	125	74
Readmissions	143	108	133	—	—	—	—	—	—	200	—	154	77	333	143
With other forms of syphilis	205	105	172	—	—	—	—	1,000	—	111	333	167	357	—	294
Dementia praecox	92	112	102	319	296	308	197	230	210	101	146	122	47	90	69
First admissions	38	31	34	214	300	250	167	131	151	50	69	57	26	27	26
Readmissions	89	99	94	—	—	—	—	—	—	500	—	250	—	143	77
With mental deficiency	111	85	98	—	—	—	—	—	—	—	—	—	500	—	167
First admissions	78	108	93	350	385	370	108	170	136	102	86	94	51	95	75
Readmissions	31	58	45	200	364	313	94	118	106	56	87	71	22	55	39
With convulsive disorders (epilepsy)	96	67	82	235	154	200	167	107	141	98	65	83	55	71	63
First admissions	156	88	125	1,000	—	600	579	417	516	158	235	187	118	34	88
Readmissions	50	40	44	—	—	—	—	—	—	1,000	—	1,000	—	500	333
Senile psychoses	116	75	91	—	—	—	—	—	—	—	—	—	500	—	333
First admissions	872	817	849	1,000	889	957	826	857	841	958	800	878	867	882	872
Readmissions	590	352	478	667	—	667	769	455	625	706	500	613	692	364	542
Without psychoses	434	281	372	229	240	234	408	333	378	505	245	390	609	253	479
First admissions	701	604	669	821	821	821	769	828	790	647	606	634	720	433	654
Readmissions	952	850	919	962	846	923	1,000	1,000	1,000	1,000	500	800	1,000	—	1,000
Primary behavior disorders	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	—	1,000	1,000	—	1,000
First admissions	196	169	183	315	323	319	286	307	295	238	213	227	207	170	189
Readmissions	116	91	104	613	585	599	299	255	279	131	160	143	107	86	98

¹Cases under care equal cases in residence and cases out of institutions on visit, etc. on September 30, 1934; plus all discharges and all deaths during the year 1934.

TABLE 48. — *Discharge Rates per 1,000, All First and Readmissions under Care, 1934, by Present Age and Psychoses — Concluded*

PSYCHOSES	DISCHARGE RATES PER 1,000 UNDER CARE ¹											
	50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to drugs, etc.												
First admissions	667	555	600	—	333	333	667	—	667	—	—	—
Readmissions	600	500	571	—	500	400	—	—	—	—	—	—
Psychoneuroses												
First admissions	722	263	486	222	333	292	—	—	—	—	—	—
Readmissions	400	333	375	500	—	200	—	—	—	—	—	—
With other infectious diseases												
First admissions	500	—	500	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses												
First admissions	150	1,000	190	—	—	—	250	—	222	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses												
First admissions	306	238	271	148	97	122	80	28	49	—	333	167
Readmissions	239	144	182	136	82	104	37	36	36	143	—	37
Due to new growth												
First admissions	—	250	250	500	—	500	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses												
First admissions	183	205	186	86	59	83	75	143	85	—	—	—
Readmissions	112	109	111	33	27	32	25	—	20	—	—	—
Due to other metabolic diseases, etc.												
First admissions	59	237	182	154	95	118	—	—	—	—	—	—
Readmissions	333	125	214	500	—	125	—	—	—	—	—	—
With organic changes of nervous system												
First admissions	348	107	257	143	154	148	—	—	—	—	—	—
Readmissions	300	250	273	—	—	—	—	—	—	—	—	—
With other disturbances of circulation												
First admissions	143	538	333	—	231	130	—	400	154	—	—	—
Readmissions	—	667	667	1,000	333	500	—	—	—	—	—	—
With psychopathic personality												
First admissions	111	308	227	100	—	56	—	—	—	—	—	—
Readmissions	125	667	412	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions												
First admissions	236	132	167	120	71	84	125	50	104	—	—	—
Readmissions	100	159	141	42	65	58	—	42	26	—	—	—

The traumatic psychoses and the psychoses with other disturbances of circulation are next in order with rates of 222 and 154, respectively. In the last age group, 80 years and over, we find that the manic-depressive psychoses present the highest discharge rate of 167. It is evident from the above that certain psychoses tend to have high discharge rates in all of the age groups. However, at the other extreme, we note that psychoses with dementia praecox, psychoses with mental deficiency, and psychoses with convulsive disorders (epilepsy) tend to have low discharge rates whatever the age group.

Reviewing the total line for the first admissions we note that the age group 0-19 years shows the highest discharge rate of 319. The age group 20-29 years shows a rate of 295; the 30-39 year age group a rate of 227; the 40-49 year age group a rate of 189; the 50-59 year group a rate of 156; the 60-69 year group a rate of 99; the 70-79 year group a rate of 63; and the age group 80 years and over a rate of 47. Here we note a rather remarkable correlation between high discharge rates and the younger age groups. This situation prevails in practically all of the psychoses. Even those psychoses which do not make their appearance until later years show higher discharge rates in those developing the psychosis in the younger ages.

Important sex differences are noted. For all psychoses together in the first admissions, the males present a discharge rate of 196 as compared with 169 for the females. This finding checks with the higher proportions of males admitted. The females show discharge rates which are higher than those of the males in the age groups 0-19 years, 20-29 years, and 80 years and over. In the age groups 30-39 years, 40-49 years, 50-59 years, 60-69 years and 70-79 years the males show the higher discharge rates. We note, however, that the excess of female discharges over males in the two younger age groups is quite small, but 8 and 21 points, respectively. In the older age groups in which the males show the higher discharge rates, we find progressively greater differences, the older the age group. In other words, among these first admissions under care, the females have a slightly greater chance of discharge than the males if they are under 30 years of age. However, over 30 years of age the males present higher rates and relatively greater chances of discharge the higher the age group.

The discharge rates for the readmissions under care are not discussed owing to space limitations. However, the figures are available in Table 48 and show the same essential characteristics as are observed in the first admissions.

NUMBER OF TIMES OUT ON VISIT, COMMITTED PATIENTS DISCHARGED

The 1,867 committed cases discharged during 1934 had a total of 2,963 visits, or an average of 1.8 visits for each patient discharged, (Table 49). We note that 14.4 per cent of these patients were discharged directly from the institution without being placed on visit; 56.6 per cent had one visit; 14.3 per cent, two visits; 6.0 per cent, three visits; and an additional 8.7 per cent had four or more visits previous to discharge.

Considering the individual psychoses, the highest average number of times placed on visit is observed in psychoses with other forms of syphilis and the traumatic psychoses, with an average of 2.7 and 2.4 respectively. This is followed by psychoses with epidemic encephalitis, 2.2, and the psychoses with convulsive disorders and the involutional psychoses, 2.1 each. The lowest average number of times out on visit are observed in undiagnosed psychoses, 1.0; psychoses with organic changes of the nervous system, and due to drugs, 1.2 each; and cerebral arteriosclerosis and paranoia, 1.3 each. In comparing these averages for the different psychoses, we should recall that the number of visits is somewhat dependent upon the length of stay of the patients. Obviously, patients with psychoses which average long periods of hospital residence will have more opportunity to leave the institution on visit.

INFLUENCE OF ECONOMIC STATUS UPON THE DISCHARGE RATE

Table 50 demonstrates the influence of economic status upon the discharge rate of first admissions and readmissions who left the institution during 1934. For example, we had a total of 5,170 dependent cases under care during 1934. This number includes the resident population and all patients out at the end of the

year, plus all discharges and deaths that occurred during the year. It will be noted that 276 cases were discharged, giving a discharge rate of 53 per 1,000 cases under care. The same method is used in presenting discharge rates for the other economic groups.

TABLE 49. — *Times Out on Visit During This Admission of Committed Patients Discharged, 1934, by Psychoses*

PSYCHOSES	TOTAL		NUMBER OF TIMES ON VISIT							Average Number of Times Out
	Cases	No. of Visits	None	One	Two	Three	Four-Six	Seven-Nine	Ten or More	
With syphilitic meningo-encephalitis	67	121	4	41	11	6	2	1	2	1.9
With other forms of syphilis	15	33	3	7	—	3	1	—	1	2.7
With epidemic encephalitis	15	31	1	7	3	2	1	1	—	2.2
With other infectious diseases	7	7	2	3	2	—	—	—	—	1.4
Alcoholic psychoses	153	187	30	100	8	6	7	1	1	1.5
Due to drugs, etc.	21	19	6	13	—	2	—	—	—	1.2
Traumatic psychoses	12	24	2	5	2	1	1	1	—	2.4
Cerebral arteriosclerosis	115	125	19	82	10	1	2	—	1	1.3
With other disturbances of circulation	11	16	2	8	—	—	—	1	—	1.7
With convulsive disorders (epilepsy)	22	41	3	14	1	1	2	—	1	2.1
Senile psychoses	36	55	7	20	3	1	4	1	—	1.8
Involuntary psychoses	53	114	1	26	12	5	8	—	1	2.1
Due to other metabolic diseases, etc.	34	59	3	21	2	5	2	1	—	1.9
Due to new growth	2	4	—	1	—	1	—	—	—	2.0
With organic changes of nervous system	21	24	2	15	3	1	—	—	—	1.2
Psychoneuroses	58	94	13	26	10	2	5	1	1	2.0
Manic-depressive psychoses	466	739	44	291	71	27	18	7	8	1.7
Dementia praecox	506	934	54	256	103	35	38	13	7	2.0
Paranoia and paranoid conditions	62	77	5	44	7	5	1	—	—	1.3
With psychopathic personality	35	41	15	9	6	1	4	—	—	2.0
With mental deficiency	90	148	19	45	10	5	6	4	1	2.0
Undiagnosed psychoses	7	6	1	6	—	—	—	—	—	1.0
Without psychoses	58	64	32	16	3	2	3	—	2	2.4
Primary behavior disorders	1	—	1	—	—	—	—	—	—	—
Total	1,867	2,963	269	1,056	267	112	105	32	26	1.8
Percent	100.0		14.4	56.6	14.3	6.0	5.6	1.7	1.4	

Among the first admissions, the discharge rate for the dependent group was 58 cases per 1,000 under care. For the marginal group, the rate was 87; and for the comfortable group, 90. The readmissions who left the hospital during the year showed a discharge rate of 43 in the dependent group, 41 in the marginal group and 65 in the comfortable group. Considering both first and readmissions together, the discharge rate for the dependent group was 53; for the marginal group, 65; and for the comfortable group, 80. Taking all discharges as a whole, it is evident that the economic status of the family plays no small part in the matter of discharge as, with the exception of the marginal group among the readmissions, the marginal and comfortable groups show discharge rates decidedly above the dependent groups in both first and readmissions.

Sex differences are noted in the dependent first admissions discharged. The rate of 55 for the males is less than the rate of 62 for the females. In the marginal group, the males have a discharge rate of 87, and the females a rate of 88. In the comfortable group the males show the higher discharge rate of 107 as against 77 for the females. The dependent readmissions show a discharge rate of 45 for the males and 40 for the females. Marginal readmissions show a discharge rate of 40 for the males and 41 for the females. Readmissions of the comfortable group show a discharge rate of 86 for the males and 51 for the females. It will be noted that the males show much higher discharge rates in the comfortable group than the females.

TABLE 50. — *Economic Status of Court First and Readmissions Discharged, 1934, by Sex: Discharge Rates per 1,000 Under Care*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Care . . .	2,852	2,318	5,170	1,888	1,522	3,410	964	796	1,760
Discharges . . .	149	127	276	105	95	200	44	32	76
Rate per 1,000 . .	52.2	54.8	53.4	55.6	62.4	58.7	45.6	40.2	43.2
Marginal:									
Under Care . . .	11,321	10,816	22,137	6,064	5,594	11,658	5,257	5,222	10,479
Discharges . . .	744	710	1,454	531	492	1,023	213	218	431
Rate per 1,000 . .	65.7	65.6	65.7	87.5	88.0	87.8	40.5	41.7	41.1
Comfortable:									
Under Care . . .	621	907	1,528	389	541	930	232	366	598
Discharges . . .	62	61	123	42	42	84	20	19	39
Rate per 1,000 . .	99.8	67.3	80.5	107.9	77.6	90.3	86.2	51.9	65.2
Unknown:									
Under Care . . .	205	259	464	144	183	327	61	76	137
Discharges . . .	7	7	14	4	5	9	3	2	5
Rate per 1,000 . .	34.1	27.0	30.2	27.7	27.3	27.5	49.1	26.3	36.5
Total:									
Under Care . . .	14,999	14,300	29,299	8,485	7,840	16,325	6,514	6,460	12,974
Discharges . . .	962	905	1,867	682	634	1,316	280	271	551
Rate per 1,000 . .	64.1	63.3	63.7	80.3	80.9	80.6	43.0	42.0	42.5

TABLE 51. — *Marital Status of Court First and Readmissions Discharged, 1934, by Sex: Discharge Rates per 1,000 Under Care*

MARITAL STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Care . . .	9,279	6,765	16,044	4,857	3,594	8,451	4,422	3,171	7,593
Discharges . . .	452	328	780	313	227	540	139	101	240
Rate per 1,000 . .	48.7	48.5	48.6	64.4	63.2	63.9	31.4	31.9	31.6
Married:									
Under Care . . .	4,262	5,188	9,450	2,622	2,760	5,382	1,640	2,428	4,068
Discharges . . .	416	432	848	294	306	600	122	126	248
Rate per 1,000 . .	97.6	83.3	89.7	112.1	110.9	111.5	74.4	51.9	61.0
Widowed:									
Under Care . . .	910	1,767	2,677	673	1,209	1,882	237	558	795
Discharges . . .	48	104	152	38	74	112	10	30	40
Rate per 1,000 . .	52.7	58.9	56.8	56.5	61.2	59.5	42.2	53.8	50.3
Divorced:									
Under Care . . .	321	336	657	192	158	350	129	178	307
Discharges . . .	31	20	51	24	13	37	7	7	14
Rate per 1,000 . .	96.6	59.5	77.6	125.0	82.3	105.7	54.3	39.3	45.6
Separated:									
Under Care . . .	175	225	400	106	105	211	69	120	189
Discharges . . .	12	19	31	10	13	23	2	6	8
Rate per 1,000 . .	68.6	84.4	77.5	94.3	123.8	109.0	29.0	50.0	42.3
Unknown:									
Under Care . . .	52	19	71	35	14	49	17	5	22
Discharges . . .	3	2	5	3	1	4	—	1	1
Rate per 1,000 . .	57.7	105.3	70.4	85.7	71.4	81.6	—	200.0	45.5
Total:									
Under Care . . .	14,999	14,300	29,299	8,485	7,840	16,325	6,514	6,460	12,974
Discharges . . .	962	905	1,867	682	634	1,316	280	271	551
Rate per 1,000 . .	64.1	63.3	63.7	80.3	80.9	80.6	43.0	42.0	42.5

MARITAL STATUS OF COURT FIRST AND READMISSIONS DISCHARGED, 1934;
DISCHARGE RATES PER 1,000 UNDER CARE

Table 51 outlines the discharge rates for the various marital status groups in both first and readmissions. In the first admissions the low discharge rate of 59

is seen in the widowed, while the high discharge rate of 111 is shown in the married group. The single show a discharge rate of 63, the divorced a rate of 105, and the separated a rate of 109. It will be observed among the first admissions that the single and the widowed do not tend to leave the institution at such a rapid rate as the married, the divorced or the separated. It has been considered that the higher discharge rate among the married was probably due to the fact that someone was waiting for the patient and there was a home available for him to go to. These factors are missing among the divorced and the separated, yet we see that their discharge rates are only slightly under that of the married group.

Among the readmissions, or those cases which might be considered as tending to chronicity, we have a somewhat contrasting set of figures. Here the single show the lowest discharge rate of 31 and the married the highest rate of 61. However, in this group we observe that the widowed have a comparatively high discharge rate of 50, while the divorced and separated present lower rates of 45 and 42, respectively. This is in marked contrast to the situation in the first admissions. In the readmissions the relationship between the single and the married is practically the same as in the first admissions. However, the widowed make a better showing and the divorced and separated make a much poorer showing than they did in the first admissions.

AVERAGE TIME WITHIN INSTITUTION OF COURT FIRST AND READMISSIONS DISCHARGED, 1934

Table 52 demonstrates the average length of hospital stay during the present admission of court first and readmissions discharged during 1934. It will be observed that the average length of stay for all discharges was 1.25 years, 1.07 years for the first admissions and 1.67 years for the readmissions. Thus we see that the readmissions tend to have a hospital stay which is half again as long as that of the first admissions. Discarding the Boston Psychopathic Hospital because of the small number of cases involved, we observe that the shortest average hospital stay of first admissions, that of .83 years, occurs at the Taunton State Hospital. The Boston State Hospital is second with an average stay of .84 years, and Westborough is third with an average stay of .94 years. The fact that the Monson discharges complicate mental disorders with epilepsy partially account for the long average residence at this hospital of 2.26 years. Among the readmissions, Taunton again shows the lowest average residence of .83 years. Gardner is second with an average of 1.04 years and Northampton third with an average of 1.16 years. The longest average residence of readmissions occurs at the Medfield State Hospital with 3.54 years, (Monson excluded because the recorded length of residence included one readmitted case only).

TABLE 52. — *Average Length of Hospital Stay During This Admission of Court First and Readmissions Discharged, 1934, by Hospital*

HOSPITALS	LENGTH OF HOSPITAL STAY		
	Total Discharges	First Admissions	Readmissions
Boston State	1.34	.84	2.11
Boston Psychopathic	.30	.29	.33
Danvers	1.04	.99	1.19
Foxborough	1.25	1.08	1.82
Gardner	1.09	1.11	1.04
Grafton	2.18	1.09	2.34
Medfield	2.39	1.47	3.54
Metropolitan	1.24	—	1.24
Northampton	1.11	.95	1.16
Taunton	.83	.83	.83
Westborough	1.08	.94	1.33
Worcester	1.14	1.12	1.24
Monson	3.97	2.26	12.50
McLean	1.19	1.00	1.50
Bridgewater	3.40	3.17	4.29
Tewksbury	2.32	1.50	2.59
Veterans Administration Facility No. 107	1.80	1.26	1.98
Veterans Administration Facility No. 95	1.41	1.32	1.42
Total	1.25	1.07	1.67

Section D. Deaths in Mental Hospitals During the Year 1934

The following section is devoted to the presentation of certain facts in relation to patients dying in mental hospitals during the statistical year ended September 30, 1934.

NUMBER OF COURT CASES DYING IN MENTAL HOSPITALS, 1917-1934: PERCENTAGES

Table 53 presents the number of court deaths occurring in mental hospitals over the period 1917-1934, inclusive. The largest number of deaths, 1,952, occurred in 1919 which may be considered as due in part to the influenza epidemic of that year. The lowest number of deaths, 1,384, occurred in 1924. A slight increase in the number of deaths over the past few years is observed as compared with the number of deaths occurring ten years ago. In this connection it should be recalled that the number of cases under care in our hospitals is increasing each year which, of course, provides a larger number of cases in which death might occur.

In every year excepting 1926 the proportion of male deaths has exceeded that of the females. The greatest excess of male deaths is observed in the years 1918, 1919 and 1920, during which years they made up 56, 55, and 54 per cent of all deaths in our mental hospitals. Over the past few years it will be observed that there is a greater tendency for the sexes to preserve a balance.

TABLE 53. — *Number of Court Cases Dying in Mental Hospitals, 1917-1934:
Percentages*

YEARS	COURT DEATHS			PERCENT		
	M.	F.	T.	M.	F.	T.
1917	877	828	1,705	51.4	48.6	100.0
1918	984	757	1,741	56.5	43.5	100.0
1919	1,079	873	1,952	55.3	44.7	100.0
1920	786	659	1,445	54.4	45.6	100.0
1921	718	714	1,432	50.1	49.9	100.0
1922	764	676	1,440	53.1	46.9	100.0
1923	738	722	1,460	50.5	49.5	100.0
1924	720	664	1,384	52.0	48.0	100.0
1925	791	702	1,493	53.0	47.0	100.0
1926	860	863	1,723	49.9	50.1	100.0
1927	906	894	1,800	50.3	49.7	100.0
1928	821	805	1,626	50.5	49.5	100.0
1929	861	809	1,670	51.6	48.4	100.0
1930	778	763	1,541	50.5	49.5	100.0
1931	882	754	1,636	53.9	46.1	100.0
1932	891	838	1,729	51.5	48.5	100.0
1933	842	812	1,654	50.9	49.1	100.0
1934	934	879	1,813	51.5	48.5	100.0

DEATHS IN STATE HOSPITALS, 1934; NUMBERS AND PERCENTAGE

In Table 54 we observe that the psychoses with cerebral arteriosclerosis made up 37.5 per cent of all first admissions who died. The senile group is second in order with 15.9 per cent. Dementia praecox is in third position with 8.4 per cent. Among the readmitted deaths, dementia praecox comes first with 42.6 per cent of all deaths, the manic-depressive psychoses second with 14.4 per cent, the arteriosclerotic group third with 8.6 per cent, and the psychoses with syphilitic meningo-encephalitis fourth with 6.7 per cent.

The three groups which are the most important numerically show the following percentages throughout the various forms of admission included under first admissions: psychoses with cerebral arteriosclerosis make up 39.0 per cent of the court deaths; 32.7 per cent of the temporary care deaths; and 26.5 per cent of the observation deaths. The senile group make up 16.8 per cent of the court deaths; 7.8 per cent of temporary care deaths; and 8.8 per cent of the observation cases who died. Dementia praecox is in third position, making up 8.8 per cent of the court deaths; 1.6 per cent of the temporary care deaths; and 8.8 per cent of the observation cases who died. The psychoses with cerebral arteriosclerosis show the largest percentage of deaths occurring in each of the legal forms, court, temporary care and observation. Among the voluntary cases, those without psychoses and the psychoses with convulsive disorders were the only psychotic groups containing deaths during the last year.

TABLE 54. — All Deaths in State Hospitals, 1934, by Form of Admission and Psychoses: Numbers and Percentages

PSYCHOSES	FIRST ADMISSIONS						READMISSIONS					
	Total		Court		Temporary Care		Observation		Voluntary		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	119	7.6	114	8.1	2	3.1	3	8.8	—	—	30	6.7
With other forms of syphilis	21	1.3	19	1.3	1	1.6	1	2.9	—	—	3	.7
With epidemic encephalitis	3	1.2	3	2.2	—	—	—	—	—	—	—	—
With other infectious diseases	6	4	4	3	1	1.6	1	2.9	—	—	2	.5
Alcoholic psychoses	69	4.4	59	4.2	8	12.5	2	6.0	—	—	26	5.8
Due to drugs, etc.	1	.1	1	.1	—	—	—	—	—	—	—	—
Traumatic psychoses	8	.5	7	.5	1	1.6	—	—	—	—	—	—
With cerebral arteriosclerosis	583	37.5	553	39.0	21	32.7	9	26.5	—	—	38	8.6
With other disturbances of circulation	30	1.9	23	1.6	4	6.2	3	8.8	—	—	2	.2
With convulsive disorders (epilepsy)	45	2.9	32	2.3	1	1.6	1	2.9	11	23.9	—	—
Senile psychoses	247	15.9	239	16.8	5	7.8	1	3	—	—	23	5.2
Involuntary psychoses	42	2.7	41	2.9	—	—	1	2.9	—	—	13	2.9
Due to other metabolic diseases, etc.	37	2.4	33	2.3	3	4.7	1	2.9	—	—	5	1.1
Due to new growth	10	.6	8	.6	—	—	2	6.0	—	—	4	.9
With organic changes of nervous system.	38	2.4	34	2.4	3	4.7	1	2.9	—	—	7	1.6
Psychoneuroses	2	.1	2	.1	—	—	—	—	—	—	1	.2
Manic-depressive psychoses	47	3.0	46	3.2	1	1.6	—	—	—	—	64	14.4
Dementia praecox	130	8.4	126	8.8	1	1.6	3	8.8	—	—	189	42.6
Paranoia and paranoid conditions	17	1.1	16	1.1	—	—	1	2.9	—	—	8	1.8
With psychopathic personality	7	.4	7	.5	—	—	—	—	—	—	3	.7
With mental deficiency	26	1.7	26	1.8	—	—	—	—	—	—	19	4.3
Undiagnosed psychoses	52	3.8	2	.1	8	12.5	2	6.0	—	—	—	—
Without psychoses	57	3.7	18	1.8	4	6.2	—	—	35	76.1	9	2.0
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,557	100.0	1,413	100.0	64	100.0	34	100.0	46	100.0	444	100.0
											415	100.0
											7	100.0
											9	100.0
											13	100.0

(See Table 182 for detail).

In the readmissions we see that the four most important psychoses are dementia praecox, 42.6 per cent, manic-depressive psychoses, 14.4 per cent, psychoses with cerebral arteriosclerosis, 8.6 per cent, and psychoses with syphilitic meningo-encephalitis, 6.7 per cent. Dementia praecox cases made up 45.4 per cent of all court admissions who died, and 11.1 per cent of observation admissions who died. Cases with manic-depressive psychoses made up 14.6 per cent of court deaths and 33.3 per cent of observation cases who died. The cerebral arteriosclerosis group made up 8.2 per cent of court admissions who died, 28.5 per cent of temporary admissions, and 22.2 per cent of observation admissions dying. The psychoses with syphilitic meningo-encephalitis made up 6.7 per cent of the court deaths, 14.3 per cent of the temporary care deaths and 11.1 per cent of the observation admissions who died. Among the voluntary cases, the highest percentages of deaths occur in the psychoses with convulsive disorders, 53.8 per cent, and in the without psychoses group, 30.8 per cent.

DEATH RATES PER THOUSAND, ALL FIRST AND READMISSIONS UNDER
TREATMENT, 1934, BY PSYCHOSES AND AGE

In Table 55 we record the death rates of the various psychoses under treatment during 1934 divided into first and readmissions. The total death rate for all first admissions under treatment was 91. This figure is nearly three times the rate of 34 observed in the readmissions. In this table the death rates for the various psychoses are presented in order, the psychoses showing the lower death rates being recorded in the higher positions. In the first admissions the psychoneuroses show the low death rate of 8 cases dying per thousand of the same psychosis under treatment during 1934. Psychoses due to drugs is second with a rate of 20 and dementia praecox third with a death rate of 24. This low death rate for dementia praecox in combination with the low discharge rate observed in Tables 47 and 48 explains why we may expect cases of this psychosis to accumulate in our resident population. The manic-depressive psychoses also show a low death rate of 36.

TABLE 55. — *Death Rates per 1,000, All First and Readmissions under Treatment, 1934, by Psychoses*

FIRST ADMISSIONS	READMISSIONS
Psychoneuroses 8.	With other disturbances of circulation —
Due to drugs, etc. 20.	Traumatic psychoses —
Dementia praecox 24.	Due to drugs, etc. —
With mental deficiency 26.	With epidemic encephalitis —
Manic-depressive psychoses 36.	Psychoneuroses 10.
Paranoia and paranoid conditions 37.	With mental deficiency 20.
With epidemic encephalitis 38.	With psychopathic personality 25.
With psychopathic personality 45.	Dementia praecox 25.
Alcoholic psychoses 58.	Involuntary psychoses 31.
With convulsive disorders (epilepsy) 59.	Paranoia and paranoid conditions 35.
Involuntary psychoses 95.	Alcoholic psychoses 38.
Traumatic psychoses 95.	Manic-depressive psychoses 48.
With other infectious diseases 143.	With other forms of syphilis 56.
With organic changes of nervous system 174.	With convulsive disorders (epilepsy) 66.
With other forms of syphilis 179.	With organic changes of nervous system 82.
With syphilitic meningo-encephalitis 184.	With syphilitic meningo-encephalitis 97.
Due to other metabolic diseases, etc. 222.	Due to other metabolic diseases, etc. 105.
Senile psychoses 312.	Senile psychoses 131.
With cerebral arteriosclerosis 347.	With cerebral arteriosclerosis 170.
With other disturbances of circulation 400.	With other infectious diseases 222.
Due to new growth 555.	Due to new growth 500.
Undiagnosed psychoses 56.	Undiagnosed psychoses —
Without psychoses 33.	Without psychoses 19.
Total 91.	Total 34.

NOTE: — In contrast with other tables in this section, the present table includes rates on *all* deaths in residence during 1934 and not on court deaths only.

Death Rate for Massachusetts, 1934 — 11.7 per thousand.

The highest death rates are observed in psychoses due to new growth; psychoses with other disturbances of circulation; psychoses with cerebral arteriosclerosis; and the senile psychoses with rates of 555, 400, 347 and 312, respectively. Among the readmissions the psychoneuroses show the low death rate of 10 per thousand

cases under treatment of the same diagnosis. Mental deficiency is second with a rate of 20, and psychoses with psychopathic personality and dementia praecox are third with the same rate of 25. Among the readmissions, also, the psychoses due to new growth show the highest death rate of 500 per thousand under treatment. The psychoses with other infectious diseases are second with a rate of 222; cerebral arteriosclerosis third with 170; and the senile psychoses fourth with 131.

The death rate for the general population of Massachusetts for 1934 was 11.7 per thousand. We observe that our death rate of 91 for first admissions is nearly eight times as high as that of the general population. The death rate of 34 among the readmissions is nearly three times that of the rate for the general population. Two outstanding points are evident in this table; first, the tremendously high death rate in mental diseases and, second, the fact that death rates in first admissions are higher than in readmissions in every psychosis, irrespective of the age distributions involved.

Table 56 presents the death rates in the psychoses by age for both first and readmissions. As the death rates for the psychoses outlined in Table 55 might be influenced by a preponderance of young patients with low death rates or older patients with high death rates in certain of the psychoses, we are presenting the detail of each psychosis by age. In the psychoses, cases under treatment in each age group are compared with the number dying within the same age group. This gives us a death rate based not only upon psychosis, but on age as well. It also enables us to test whether or not dementia praecox cases aged 20-29 years, for example, will have a greater or lesser chance of death than cases aged 40-49 years. Let us now inspect the various age groups and determine the psychoses showing the highest and lowest death rates in each.

In the age group 0-19 years, dementia praecox shows the lowest rate of 17 among the first admissions, while psychoses with infectious diseases shows the highest rate of 250 deaths per thousand of the same psychosis under treatment. In the age group 20-29 years psychoses with mental deficiency show the lowest rate of 10, while the psychoses due to new growth show the highest rate of 1,000. The next age group, 30-39 years, again shows psychoses with mental deficiency with the low rate of 19, and the psychoses with other disturbances of circulation show the highest rate of 667 deaths per thousand under treatment of the same psychosis. In the 40-49 year age group, dementia praecox shows the lowest rate of 18 and psychoses with cerebral arteriosclerosis the highest rate of 417. In the group 50-59 years, dementia praecox again shows the lowest death rate with 22 deaths per thousand under treatment while the high rate of 750 is evident in the psychoses due to new growth. In the age group 60-69 years, dementia praecox once again presents the lowest rate of 29 and the psychoses due to new growth once again present the high rate of 600. In the age group 70-79 years we find the lowest rate in the psychoses with mental deficiency with a rate of 63 while the high rate occurs in the psychoses due to new growth with 1,000. The age group 80 years and over shows the low rate among dementia praecox cases with 94 deaths per thousand under treatment. The highest rate of 1,000 occurs in two psychosis groups, psychoses due to new growth and with other disturbances of circulation.

Reviewing the total line at the bottom of Table 56 we observe that the age group 20-29 years shows the lowest rate of 22 deaths per thousand cases under treatment. The 0-19 year age group and the 30-39 year age group both show rates of 35. The 40-49 year group shows a rate of 40; the 50-59 year group a rate of 71; the 60-69 year group a rate of 156; the 70-79 year group a rate of 264, and the group 80 years and over a rate of 396. Consulting the total line for the readmissions we observe much lower death rates in each of the age groups. The 0-19 year group shows a rate of 20; the 20-29 year group a rate of 11; the 30-39 year group a rate of 20; the 40-49 year group a rate of 22; the 50-59 year group a rate of 23; the 60-69 year group a rate of 51; the 70-79 year group a rate of 108; and the group 80 years and over a rate of 173.

Important sex differences are observed. The total column for the first admissions presents a death rate of 93 for the males and 90 for the females. The death rates are higher for the males in every age group. In the age groups 0-19 and 20-29, the excess for the males is fairly large. However, in the groups 30-39,

TABLE 56. — *Death Rates of All First and Readmissions under Treatment, 1934, by Present Age, Psychoses and Sex — Concluded*

PSYCHOSES	DEATH RATES PER 1,000 UNDER TREATMENT ¹											
	50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to new growth												
First admissions	—	750	750	500	1,000	600	—	1,000	1,000	—	1,000	1,000
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation												
First admissions	538	300	435	555	154	318	833	200	545	—	1,000	1,000
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis												
First admissions	256	173	212	345	289	319	424	295	365	491	442	463
Readmissions	100	105	103	175	156	165	106	200	146	375	400	391
Senile psychoses												
First admissions	—	444	333	214	262	245	322	261	284	400	403	402
Readmissions	—	—	—	100	63	77	167	115	136	333	200	238
Due to other metabolic diseases, etc.												
First admissions	500	235	313	167	286	242	1,000	750	800	—	—	—
Readmissions	—	—	—	500	—	125	500	—	500	—	—	—
With syphilitic meningo-encephalitis												
First admissions	212	204	210	415	222	366	250	167	222	—	—	—
Readmissions	109	83	105	211	—	143	—	—	—	—	—	—
With other forms of syphilis												
First admissions	185	200	189	300	500	389	250	—	200	—	—	—
Readmissions	—	286	154	—	—	—	—	—	—	—	—	—
With organic changes of nervous system												
First admissions	222	120	186	357	545	440	—	—	—	—	—	—
Readmissions	222	—	111	167	—	111	1,000	—	500	—	—	—
With other infectious diseases												
First admissions	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses												
First admissions	56	—	53	222	—	222	375	—	333	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses												
First admissions	62	92	83	77	108	94	143	474	385	—	—	—
Readmissions	—	25	17	40	—	18	200	77	111	—	—	—
With convulsive disorders (epilepsy)												
First admissions	97	44	69	139	81	110	125	200	174	—	250	200
Readmissions	31	27	29	—	111	59	200	154	174	—	500	500

40-49 and 50-59 years we observe that the rates for the two sexes are practically the same. In the age groups 60-69, 70-79 and 80 years and over we note that the males again present definitely higher death rates. In the readmissions we find that the total death rate is 34 for both the males and the females. In the age groups 0-19, 20-29, and 30-39 years the females present higher death rates than the males. In the age groups 40-49, 50-59, 60-69, 70-79, and 80 years and over the males present the higher death rates. In these older age groups we observe that excess of males over females becomes more evident as the older age groups are approached. Inasmuch as we expect the males to show higher death rates in all age groups, these particular findings suggest that mental disease of the type which results in readmission is particularly disastrous to females under the age of 40 years.

THE INFLUENCE OF ECONOMIC STATUS ON THE DEATH RATE

Table 57 measures the influence of the economic condition of court first and readmissions upon the death rate. For example, in 1934 we had 4,780 cases of dependent economic status under treatment in mental hospitals. All of these cases were subject to the chance of dying but only 487 of them did die. This constitutes a death rate of 101 per thousand under treatment. The same method is used in calculating the death rates in each of the other economic status groups.

TABLE 57. — *Economic Status of Court First and Readmissions who Died, 1934, by Sex: Death Rates per 1,000 Under Treatment*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Treatment . . .	2,648	2,132	4,780	1,743	1,389	3,132	905	743	1,648
Deaths	261	226	487	217	189	406	44	37	81
Rate per 1,000 . . .	98.5	106.0	101.9	124.4	136.1	129.6	48.6	49.8	49.2
Marginal:									
Under Treatment . . .	10,442	9,834	20,276	5,493	5,018	10,511	4,949	4,816	9,765
Deaths	601	560	1,161	449	406	855	152	154	306
Rate per 1,000 . . .	57.5	56.9	57.3	81.7	80.9	81.3	30.7	32.0	31.3
Comfortable:									
Under Treatment . . .	570	834	1,404	358	486	844	212	348	560
Deaths	49	45	94	40	30	70	9	15	24
Rate per 1,000 . . .	85.9	54.0	67.0	111.7	61.7	82.9	42.4	43.1	42.9
Unknown:									
Under Treatment . . .	193	223	416	135	163	298	58	60	118
Deaths	23	48	71	23	44	67	—	4	4
Rate per 1,000 . . .	119.1	215.2	170.7	170.3	269.9	224.8	—	66.7	33.9
Total:									
Under Treatment . . .	13,853	13,023	26,876	7,729	7,056	14,785	6,124	5,967	12,091
Deaths	934	879	1,813	729	669	1,398	205	210	415
Rate per 1,000 . . .	67.4	67.5	67.5	94.2	94.8	94.6	33.4	35.2	34.3

Death Rate for Massachusetts, 1934 — 11.7 per thousand.

Among the first admissions dying during 1934, we note a death rate in the dependent group of 129 cases per one thousand under treatment. The death rate for the marginal group was 81 and for the comfortable group, 82. Among the readmissions dying during 1934, the death rate for the dependent group was 49; for the marginal group, 31, and for the comfortable group, 42. For first and readmissions considered together, the death rate for the dependent was 101; for the marginal group, 57, and for the comfortable, 67. In both first and readmissions, the dependent group shows much high death rates than those of marginal and comfortable status. Among the first admissions, the marginal group shows the lowest death rate. Among the readmissions, they again show the lowest death rate. These figures are in marked contrast with the discharge rates which showed their highest rate in the comfortable group in both first admissions and readmissions.

In the first admissions, the dependent group shows a higher rate for the females, 136, than for the males, 124. In the marginal group the males show the higher rate of 81 as against 80 for the females. In the comfortable group, the males show a decidedly higher death rate of 111 as against the rate of 61 for the females.

Readmissions who were dependent show a death rate of 48 for the males and 49 for the females. The marginal show a rate of 30 for the males and 32 for the females. The males of the comfortable group show a death rate of 42 as against a slightly higher rate of 43 for the females. On the whole, the death rates for the sexes do not vary greatly in either the dependent or marginal groups. However, in the comfortable group, the death rate among the males is nearly 50 per cent higher than that of the females in the first admissions.

MARITAL STATUS OF COURT FIRST AND READMISSIONS WHO DIED, 1934;

DEATH RATES PER 1,000 UNDER TREATMENT

Table 58 outlines the death rates in the various marital status groups of court first and readmissions who died in hospitals during the year 1934. The total of all marital groups in first admissions shows a rate of 94 deaths per thousand under treatment. The single have the low death rate of 49. The married are next in order with a death rate of 106. The divorced present a death rate of 112 and the separated a rate of 125. The widowed group presents the highest death rate of all, that of 254 deaths per thousand under treatment. The marked differences between the rates for the single and the widowed may be accounted for partially by the difference in age distribution. However, the ages of the married, the divorced and the separated are practically the same. In these three groups we observe that the divorced and the separated who develop mental disease are greater risks from the viewpoint of death than the married who develop mental disease.

TABLE 58. — *Marital Status of Court First and Readmissions who Died, 1934, by Sex: Death Rate per 1,000 Under Treatment*

MARITAL STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Treatment . . .	8,657	6,219	14,876	4,452	3,278	7,730	4,205	2,941	7,146
Deaths	337	250	587	221	160	381	116	90	206
Rate per 1,000 . . .	38.9	40.2	39.5	49.6	48.8	49.3	27.6	30.6	28.8
Married:									
Under Treatment . . .	3,828	4,616	8,444	2,334	2,394	4,728	1,494	2,222	3,716
Deaths	354	290	644	291	210	501	63	80	143
Rate per 1,000 . . .	92.5	62.8	76.3	124.7	87.7	106.0	42.2	36.0	38.5
Widowed:									
Under Treatment . . .	856	1,660	2,516	634	1,134	1,768	222	526	748
Deaths	193	304	497	177	273	450	16	31	47
Rate per 1,000 . . .	225.5	183.1	197.5	279.2	240.7	254.5	72.1	58.9	62.8
Divorced:									
Under Treatment . . .	299	302	601	179	140	319	120	162	282
Deaths	27	19	46	21	15	36	6	4	10
Rate per 1,000 . . .	90.3	62.9	76.5	117.3	107.1	112.9	50.0	24.7	35.5
Separated:									
Under Treatment . . .	161	209	370	95	97	192	66	112	178
Deaths	17	15	32	14	10	24	3	5	8
Rate per 1,000 . . .	105.6	71.8	86.5	147.4	103.1	125.0	45.5	44.6	44.9
Unknown:									
Under Treatment . . .	52	17	69	35	13	48	17	4	21
Deaths	6	1	7	5	1	6	1	—	1
Rate per 1,000 . . .	115.4	58.8	101.4	142.9	76.9	125.0	58.8	—	47.6
Total:									
Under Treatment . . .	13,853	13,023	26,876	7,729	7,056	14,785	6,124	5,967	12,091
Deaths	934	879	1,813	729	669	1,398	205	210	415
Rate per 1,000 . . .	67.4	67.5	67.5	94.2	94.8	94.6	33.4	35.2	34.3

In the readmissions the total for all marital groups reveals a death rate of 34 per thousand cases under treatment. The single again show the low rate of 28. The divorced are next in order with a rate of 35; the married, third with a rate of 38; the separated next with a rate of 44; and the widowed again show the highest death rate of 62.

Interesting variations in the sexes are observed in both the first and the re-admissions. Among the first admissions the males show higher death rates in

every one of the marital groups. While the differences are inconsequential in the single, they reach larger proportions in the married, the widowed, the divorced and the separated. In the readmissions the females show higher death rates in the single group. In the married, widowed, divorced and separated the males show higher death rates. Whatever effect marital status exerts, it appears to have the greater influence in first admissions. We observe some marked variations in the death rates for the various marital status groups in the first admissions. In the readmissions, while the rates show some variation, the departures from the mean are less significant.

NATIVITY OF COURT FIRST AND READMISSIONS DYING, 1934:

RATE PER 1,000 UNDER TREATMENT

Table 59 presents the death rates of first and readmissions dying during 1934 by country of birth. Among the first admissions the total rate for all groups is 94.5 deaths per thousand patients under treatment. Scotland presents the highest rate of 177.5 deaths per thousand natives of Scotland who were under treatment during the year. England is second with a rate of 169.8. Ireland and Sweden are next with rates of 147.7 and 147.0, respectively. The low death rate of 47.3 is observed in patients coming from Russia, with Poland next in order showing a rate of 48.1. Finland also presents a comparatively low rate of 60.0. Patients born in the United States present the largest number of deaths and their death rate of 84 is intermediate between the two extremes as noted.

Among the readmissions the total rate for all groups is 34 deaths per thousand under treatment. The natives of Sweden present the high death rate of 57.3. England and Scotland are next in order with rates of 56.6 and 50.0, respectively. The low death rates are observed in natives of Austria, Russia and Poland with rates of 10.5, 19.4 and 26.7, respectively. In the readmissions also the natives of the United States present the largest numbers of deaths but show an intermediate death rate of 35.1.

TABLE 59. — *Nativity of Court First and Readmissions Dying in 1934, by Sex; Death Rates per 1,000 Under Treatment*

COUNTRY OF BIRTH	FIRST ADMISSIONS			READMISSIONS		
	Total Under Treatment	Total Deaths	Rate per 1,000	Total Under Treatment	Total Deaths	Rate per 1,000
Scotland . . .	107	19	177.5	80	4	50.0
England . . .	365	62	169.8	247	14	56.6
Ireland . . .	1,205	178	147.7	1,028	45	43.7
Sweden . . .	170	25	147.0	157	9	57.3
Canada ¹ . . .	1,176	152	129.2	860	26	30.2
Greece . . .	82	10	121.9	61	—	—
Germany . . .	134	16	119.4	98	4	40.8
Portugal . . .	157	15	95.5	98	—	—
Italy . . .	509	46	90.3	368	15	40.7
United States . . .	9,454	795	84.0	7,758	273	35.1
Austria . . .	94	7	74.4	95	1	10.5
Finland . . .	100	6	60.0	65	—	—
Poland . . .	374	18	48.1	262	7	26.7
Russia . . .	338	16	47.3	513	10	19.4
All other countries	520	33	63.4	401	7	17.4
Total . . .	14,785	1,398	94.5	12,091	415	34.3

(See Table 192 for detail).

¹Includes Newfoundland.

AVERAGE LENGTH OF HOSPITAL STAY OF PATIENTS DYING, 1934, BY PSYCHOSES AND STATUS OF ADMISSION

Table 60 and Graph 5 present interesting data on the length of time that patients with the various psychoses had survived in the hospitals previous to death, both for first admissions and readmissions. The first admissions died after a residence of 3.53 years; 3.60 years for the males and 3.44 years for the females. The readmissions dying survived for a period of 10.77 years during their last admission;

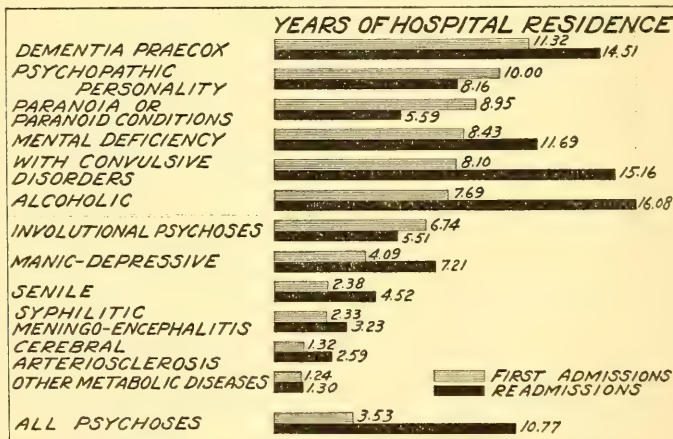
TABLE 60. — *Average Length of Hospital Stay during the Present Admission and Previous Admissions, Court First and Readmissions Dying, 1934, by Psychoses and Sex*

PSYCHOSES	AVERAGE TIME IN YEARS SPENT WITHIN INSTITUTIONS											
	FIRST ADMISSIONS			READMISSIONS								
	This Admission			This Admission			Previous Admissions			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With other infectious diseases	.09	.04	.08	3.50	—	3.50	2.00	—	2.00	5.50	—	5.50
Undiagnosed psychoses	—	.13	.13	—	—	—	—	—	—	—	—	—
Due to new growth	.21	.74	.61	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	.66	.50	.61	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	2.47	2.47	1.14	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	.53	1.69	1.24	.21	3.50	1.30	1.14	—	.77	1.35	3.50	2.07
With cerebral arteriosclerosis	1.16	1.54	1.32	3.48	2.00	2.59	1.55	2.12	1.88	5.03	4.12	4.47
With other forms of syphilis	2.04	1.93	1.99	.04	8.85	5.91	.17	15	1.16	.21	9.00	6.07
With syphilitic meningo-encephalitis	2.52	1.86	2.33	3.40	1.83	3.23	1.19	5.33	1.64	4.59	7.16	4.87
Senile psychoses	2.17	2.49	2.38	3.05	5.57	4.52	.39	6.78	4.12	3.44	12.35	8.64
With organic changes of nervous system	1.49	3.49	2.43	4.08	7.00	5.05	.67	—	.45	4.75	7.00	5.50
Traumatic psychoses	3.06	—	3.06	—	2.50	2.50	—	10.00	10.00	—	12.50	12.50
Psychoneuroses	7.50	.21	3.85	—	8.01	7.21	—	4.72	3.84	8.35	12.73	11.05
Manic-depressive psychoses	5.34	3.04	4.09	5.93	8.01	7.21	2.42	4.72	3.84	8.35	12.73	11.05
Due to drugs, etc.	—	4.50	4.50	—	—	—	—	—	—	—	—	—
Involutional psychoses	5.57	7.07	6.74	4.19	7.50	5.51	.15	.50	.29	4.34	8.00	5.80
Alcoholic psychoses	7.89	7.00	7.69	15.48	17.64	16.08	4.74	4.93	4.80	20.22	22.57	20.88
With convulsive disorders (epilepsy)	8.45	7.78	8.10	8.16	19.83	15.16	6.42	2.94	4.34	14.58	22.77	19.50
With mental deficiency	11.46	5.40	8.43	10.05	13.75	11.69	13.82	7.75	6.97	23.87	14.50	18.66
Paranoia or paranoid conditions	5.17	10.21	8.95	—	5.59	5.59	—	3.76	3.76	—	9.35	9.35
With psychopathic personality	12.20	4.50	10.00	8.50	7.50	8.16	4.00	5.00	4.34	12.5	12.5	12.5
Dementia praecox	13.34	9.48	11.32	15.62	13.58	14.51	4.07	6.17	5.21	19.69	19.75	19.72
Without psychoses	21.25	6.95	12.67	16.16	—	16.16	.44	—	.44	16.60	—	16.60
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	3.60	3.44	3.53	10.67	10.86	10.77	3.38	5.00	4.19	14.05	15.86	14.96

10.67 years for the males and 10.86 years for the females. In addition to this length of time, the readmissions spent a total of 4.19 years in institutions during previous admissions. Thus, considering both of these items together, we observe that these readmissions had been in mental hospitals for a total of 14.96 years previous to death.

This table presents a rather accurate check on the seriousness of the physical condition which accompanied the patient's mental condition at the time of admission. The shortest average lengths of stay of the first admissions are observed in psychoses with other infectious diseases, .08 years; undiagnosed psychoses, .13 years; psychoses due to new growth, .61 years; with epidemic encephalitis, .61 years; with other disturbances of circulation, 1.14 years; and due to other metabolic diseases, 1.24 years. The longest hospital residences previous to death are observed in the without psychoses group, 12.67 years; dementia praecox, 11.32 years; psychopathic personality, 10.00 years; paranoia and paranoid conditions, 8.95 years; with mental deficiency, 8.43 years; and with convulsive disorders, 8.10 years.

Following the length of residence prior to death among the readmissions in the various psychoses, we observe the interesting fact that the psychoses which show short residences during their first admissions also tend to show short residences during their readmissions. Conversely, the psychoses showing long residences at first admission also tend to show long residences when they become readmissions. While the readmissions remain three times as long within institutions prior to death as the first admissions, the psychoses which carry with them severe physical disturbances show a short period of survival in both admission groups.



GRAPH 5. — AVERAGE LENGTH OF HOSPITAL STAY DURING THIS ADMISSION OF COURT FIRST ADMISSIONS AND READMISSIONS DYING — 1934

AVERAGE LENGTH OF HOSPITAL STAY DURING THIS ADMISSION AND ALL ADMISSIONS, COMMITTED PATIENTS DYING, 1934, BY NUMBER OF TIMES ADMITTED

Table 61 gives the number of times admitted and the average net duration of hospital residence for the admission during which the patient died, and also for all previous admissions.

The length of hospital residence of this last admission during which the patient died is the shortest in the case of patients who had only one admission, 3.42 years. If the patient had been admitted twice and died during his second admission, the average length of hospital stay for the second or last admission was 8.74 years. When the patient had been admitted three times and died during his third admission, the length of hospital stay for the third or last admission was 7.43 years. When the patient had had four admissions, and died during the fourth admission, the average length of stay during this fourth or last admission was 10.58 years. As we note the length of stay for the last admission in the remaining groups, we observe a decrease in the length of the last hospital stay during the admission in

which death occurred. Patients having ten or more admissions showed a duration of hospital residence of 9.83 years.

In summarizing, we observe that in the case of patients dying in hospitals, the shortest average hospital residence falls to the patients admitted to the hospital but once. The longest stay for the last admission is noted in the cases dying during the fourth of four admissions.

In the foregoing we considered the length of hospital residence of the last admission during which the patient died. We will now consider the average length of hospital stay during all admissions combined. Here we observe that the average length of hospital stay for cases admitted twice was 10.66 years. For cases admitted three times, the average length of hospital residence was 12.77 years. For patients admitted four times, the average length of stay was 18.29 years, and so on. The longest average stay is observed in cases admitted eight times with an average hospital residence of 32.50 years. We observe that the accumulation of years spent in hospitals does not seem to be proportionate to the higher numbers of admissions.

TABLE 61 — *Average Length of Hospital Stay during This Admission and All Admissions, Committed Patients Dying, 1934, by Number of Times Admitted*

NUMBER OF TIMES ADMITTED	NUMBER			AVERAGE LENGTH OF HOSPITAL STAY IN YEARS					
				THIS ADMISSION			ALL ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	618	576	1,194	3.54	3.29	3.42	—	—	—
Two	198	188	386	8.09	9.42	8.74	9.75	11.63	10.66
Three	72	53	125	7.31	7.58	7.43	12.52	13.11	12.77
Four	22	28	50	11.87	9.57	10.58	18.64	18.01	18.29
Five	13	19	32	8.73	9.16	8.99	14.03	16.89	15.73
Six	4	8	12	6.50	8.75	8.00	9.00	19.37	15.91
Seven	2	4	6	10.00	9.42	9.61	22.50	17.50	19.16
Eight	—	1	1	—	3.50	3.50	—	32.50	32.50
Nine	1	—	1	7.50	—	7.50	17.50	—	17.50
Ten or more	4	2	6	8.50	12.50	9.83	13.50	22.50	16.50
Total	934	879	1,813	5.28	5.33	5.30	11.32	13.23	12.25

(See Tables 189 and 190 for detail).

AVERAGE LENGTH OF HOSPITAL STAY DURING EACH ADMISSION, ALL READMITTED CASES DYING DURING 1934

Table 62 gives the average length of hospital stay during all admissions in accordance with the number of times admitted. We note that the average length of stay during each admission for patients with two admissions is 5.33 years. For patients having three admissions, the average length of stay is 4.25 years for each of the three admissions. For persons having four admissions, the average length of stay for each of the four admissions is 4.57 years. In the case of five admissions the patient remained an average of 3.14 years for each of the five admissions. There is a tendency for the average length of hospital residence for each admission to decrease as the number of times admitted increases.

TIME WITHIN INSTITUTION DURING THIS ADMISSION, ALL COURT FIRST AND READMISSIONS WHO DIED DURING 1934, BY HOSPITAL

Table 63 is arranged in accordance with the length of hospital stay of cases dying during 1934, the hospitals showing the longest average stay coming first in the table. The total net hospital residence of all deaths was 5 years and three months. The first admissions showed a net residence of 3 and a half years. The readmissions remained approximately 10 years and 9 months. One point which stands out in this table is the marked contrast between the length of time spent in institutions by first admissions and by readmissions. The average net time within institutions for all cases was 5.30 years. The first admissions were in the institution an average of 3.53 years, while the readmissions remained 10.77 years prior to death. Thus, the readmissions who died had remained within the hospital approximately 3 times as long as the first admissions.

TABLE 62. — *Average Length of Hospital Stay during Each Admission, All Readmissions Dying during 1934*

NUMBER OF TIMES ADMITTED	AVERAGE LENGTH OF HOSPITAL STAY IN YEARS ALL ADMISSIONS	AVERAGE LENGTH OF HOSPITAL STAY IN YEARS FOR EACH TIME ADMITTED
Two	10.66	5.33
Three	12.77	4.25
Four	18.29	4.57
Five	15.73	3.14
Six	15.91	2.65
Seven	19.16	2.73
Eight	32.50	4.06
Nine	17.50	1.94
Ten or more	16.50	1.65

(See Table 190 for detail).

The institutions vary markedly in the length of time spent within the hospital prior to death. The chronic hospitals show the longest net residence. Bridgewater shows a net residence of 14.90 years. The lowest average for the chronic group is seen in the cases at Gardner with an average stay of 6.92 years. The hospital for epileptics (Monson) shows an average net residence of 13.82 years. The hospitals which show active admission rates and which handle the acute cases show much shorter average residences. The longest stay in this group is seen at Foxborough with an average residence of 4.54 years, and the shortest stay of 3.33 years is observed at Danvers. The Metropolitan Hospital and the Psychopathic are not included in this group as the Metropolitan deals only with readmissions and the Psychopathic has very few court admissions who die. The Veterans' hospitals show short hospital residences of 2.61 years and 4.14 years, respectively.

TABLE 63. — *Average Length of Hospital Stay during This Admission, Court First and Readmissions who Died during 1934, by Hospital*

HOSPITALS	LENGTH OF HOSPITAL STAY		
	Total Deaths	First Admissions	Readmissions
Bridgewater	14.90	14.80	15.60
Tewksbury	14.38	9.57	19.57
Grafton	13.84	6.43	15.78
Monson	13.82	10.74	20.60
Medfield	11.58	3.64	16.41
Gardner	6.92	2.71	12.37
McLean	4.66	4.83	4.50
Foxborough	4.54	2.91	10.05
Northampton	4.46	3.17	13.14
Westborough	4.27	3.08	8.88
Veterans' Administration Facility No. 95	4.14	.93	5.39
Worcester	3.75	3.16	5.85
Taunton	3.69	3.58	4.69
Boston State	3.63	2.67	9.62
Danvers	3.33	3.29	3.66
Metropolitan	3.30	—	3.30
Veterans' Administration Facility No. 107	2.61	2.49	2.69
Boston Psychopathic . . . . .	.16	.16	—
Total	5.30	3.53	10.77

While the figures of this table show marked variations between the length of hospital residence of cases dying within the various institutions, we are not justified in making any dogmatic conclusions owing to the fact that different types of patients are being admitted to these hospitals. The active admitting hospitals are receiving a group of patients, many of whom are acutely ill as well as disturbed mentally. These cases show a high mortality within the first few weeks following admission. The chronic hospitals, on the other hand, receive certain types of patients chiefly by transfer. These have been selected for admission to the chronic

hospital because of their excellent physical condition and moderate development of their psychosis. It is to be expected that these patients will survive for long periods of time. The marked difference in hospital residence of the first admissions and readmissions who die is partially explained by the fact that the patients who combine an acute physical condition with a mental disorder have been weeded out at the first admission. This leaves only the better physical specimens to be admitted in later years.

AVERAGE AGE AT DEATH, COURT FIRST ADMISSIONS AND READMISSIONS
DYING, 1934, BY PSYCHOSES AND SEX

Table 64 tells us that the average age at death of all cases dying during 1934 was 63.6 years; 62.7 years for the males, and 64.5 years for the females. The average age of first admissions dying was 64.7 years. The average age at death of the males was one year less than that of the females, 64.1 years, as compared with 65.3 years. The average age of readmissions dying was 59.8 years. Here the males average 4.2 years less than the females, 57.7 years compared with 61.9 years.

The four psychoses showing the highest average ages at death are the senile, 77.2 years for first admissions and 77.1 for readmissions; psychoses with cerebral arteriosclerosis, 72.1 years for first admissions and 72.0 years for readmissions; the traumatic psychoses, with an average of 63.9 years for the first admissions; and the alcoholic psychoses with 60.2 years for first admissions and 69.3 years for readmissions. The manic-depressive cases who died showed an average age of 52.1 years among the first admissions and 65.3 years in readmissions. Dementia praecox cases who died show an average age of 49.0 years in first admissions and 57.2 years in readmissions. Among the numerically important psychoses, the lowest average age at death occurs in the psychoses with syphilitic meningo-encephalitis, 51.3 years among first admissions and 47.3 years among readmissions; psychoses with mental deficiency with an average of 49.4 years among first admissions and 56.3 years among readmissions; and the without psychoses group with an average age at death of 31.5 years among first admissions and 55.0 years among readmissions.

From the above table we observe that the cases who die are largely in the older age groups. The average age at death of 63.6 years is over 20 years higher than the average age of cases who were discharged during the year, (43.0 years).

AVERAGE AGE AT DEATH OF COURT FIRST ADMISSIONS AND READMISSIONS
DYING, 1934, BY HOSPITAL AND SEX

Table 65 reveals that the average age of the 1,813 cases dying in mental hospitals during 1934 was 63.6 years; 62.7 years for the males, and 64.5 years for the females. The 1,398 first admissions showed an average age at death of 64.7 years, while the readmissions dying showed a slightly lower average age at the time of death, namely, 59.8 years.

We observe that the highest average age at death is seen at the Northampton State Hospital, 68.2 years; first admissions, 68.0 years, and readmissions, 69.3 years. Taunton State Hospital shows an average age at death of 67.4 years; 67.9 years for the first admissions and 61.9 years for readmissions. Boston State Hospital shows an average age at death of 66.0 years; 66.8 years for first admissions and 60.9 years for readmissions. In all of the institutions the average ages at death are over 60 years until we reach the Bridgewater State Hospital which shows an average of 56.3 years. The Monson State Hospital, (epileptic) shows the lowest average age at death of 31.7 years; 32.5 years for first admissions and 44.5 years for readmissions. In twelve of these institutions the average ages at death are over 60 years. Two institutions fall in the age group 50-59 years, two hospitals in the group 40-49 years, and two hospitals in the 30-39 year group. In the mental hospitals as well as in the general population we see the higher proportion of deaths occurring in the older age groups.

TABLE 65. — *Average Age at Death, Court First Admissions and Readmissions Dying, 1934, by Hospital and Sex*

HOSPITALS	TOTAL DEATHS			FIRST ADMISSIONS			READMISSIONS		
	NUMBER		AVERAGE AGE	NUMBER		AVERAGE AGE	NUMBER		AVERAGE AGE
	M.	F.		M.	F.		M.	F.	
Northampton	70	84	66.5	60	74	66.0	10	10	69.5
Taunton	120	83	68.2	111	71	68.1	9	12	69.7
Boston State	162	148	64.6	139	128	65.5	23	20	59.0
McLean	4	2	58.7	2	1	77.5	2	1	40.0
Foxborough	56	58	64.5	44	44	65.9	12	14	59.5
Gardner	35	27	62.6	18	17	65.5	17	10	59.2
Westborough	72	92	64.5	58	73	67.1	14	19	61.0
Tewksbury	10	17	68.0	9	5	68.1	1	12	53.9
Danvers	111	142	61.2	97	127	62.1	14	15	67.5
Medfield	56	58	62.2	22	21	59.3	34	37	58.5
Worcester	127	120	62.6	109	96	62.9	18	24	60.1
Grafton	23	30	61.8	8	3	65.0	15	27	62.1
Bridgewater	38	—	56.3	33	—	57.1	5	—	50.5
Metropolitan	3	7	50.8	—	—	—	3	7	50.8
Boston Psychopathic	3	2	55.3	3	2	47.5	—	—	—
Vet. Adm. Fac. No. 95	21	—	41.3	6	—	41.6	15	—	41.1
Vet. Adm. Fac. No. 107	16	—	39.0	6	—	43.3	10	—	44.5
Monson	7	9	38.2	4	7	35.1	3	2	42.5
Total	934	879	62.7	729	669	64.1	205	210	57.7
Percent	100	100	—	78.1	76.1	—	21.9	23.9	—

(See Tables 185 and 186 for detail).

Section E. Resident Population of Mental Hospitals on September 30, 1934

In previous sections we have discussed admissions, readmissions, discharges and deaths for the year 1934. We now turn to a discussion of the resident population. We have analyzed our material in reference to specific factors for all patients in residence in our mental hospitals on September 30, 1934. On that date there were 23,196 cases actually in residence in the State Hospitals, Bridgewater, Mental Wards — Tewksbury, Veterans Administration Facilities Nos. 95 and 107, and McLean Hospital. Eleven thousand, nine hundred and fifty-seven of these were males and 11,239 were females.

In the following discussion concerning this particular group of cases it should be recalled that the resident population is simply a residual population made up from an accumulation of admissions which have not left the hospital by reason of discharge or death. If we think of first admissions in terms of their final outcome, we can see that it is impossible to discuss resident population with any finality. Of the first admissions, a certain number are discharged, other proportions die, and another proportion remains within the institution. Of the discharges, a certain number may be readmitted and go through a similar process. Therefore, in discussing resident population, we are discussing a group which makes available to us a large amount of valuable information, but at the same time we are not viewing a group which in any way pictures the final disposition of the psychotic case.

NUMBER AND RATES PER 100,000 POPULATION OF PATIENTS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1904-1934, INCLUSIVE

Table 66 presents the numbers and rates per 100,000 of the population of patients in residence in mental hospitals on September 30 of each year from 1904 to 1934, inclusive. Consulting the total section of this table we observe that Massachusetts had 9,455 patients in residence in mental hospitals in 1904. In 1914 this number had increased to 13,685; in 1924 to 16,776; and in 1934 to 23,196. In other words there was an increase of 13,741 patients in residence in mental hospitals over the 31-year period. From the viewpoint of rates, 312 persons per one hundred thousand of the population were in residence in 1904. In 1934 this rate had increased to 526. Thus our mental hospitals were caring for 214 persons more per hundred thousand of the population in 1934 than they were in 1904.

The second section of this table records the numbers and rates for patients in residence in state hospitals only. The third section records the numbers and rates for patients committed to the Bridgewater State Hospital (criminal insane); Tewksbury (State Infirmary); McLean Hospital (a large private institution); and the two Veterans' Administration Facility Hospitals in this state. We may say that these statistics report approximately 99 per cent of all mental cases within mental hospitals for the state of Massachusetts. In the State Hospitals alone the rates per hundred thousand of the population increased from 270 in 1904 to 455 in 1934. In the third group, comprising hospitals not directly under the Department of Mental Diseases, the rates increased from 41 in 1904 to 70 in 1934.

Interesting sex variations are observed. In the total group it will be noted that the rates for the males in residence are higher in twenty-two of the thirty-one years under consideration, while the females show higher rates in but nine years. In the State Hospital group the females show higher residence rates in every one of the thirty-one years. In the group "Other Mental Hospitals" the males show higher residence rates in each year. This is accounted for by the fact that the Bridgewater State Hospital for the criminal insane is for males only as are the two Veterans' Administration Facility Hospitals. The sex differences observed in the above discussion demonstrate clearly how statistics based upon State Hospitals alone are unreliable and give a biased picture of the situation as a whole. In this state female criminals with mental disorders are taken care of in the various state hospitals, but the males are committed to Bridgewater. Thus we observe that the rates for the females in our state hospitals are uniformly higher than the rates for the males. Basing opinions upon the findings for the state hospitals only would give a falsely high residence rate for females. However, when we combine

TABLE 66. — *Number and Rates per 100,000 Population of Patients in Residence in Mental Hospitals on September 30, 1904-1934 inclusive*

YEARS	TOTAL			STATE HOSPITALS						OTHER MENTAL HOSPITALS ²					
	NUMBER			RATE ¹			NUMBER			RATE			NUMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	4,614	4,841	9,455	311.2	312.9	312.1	3,844	4,363	8,207	259.3	282.0	270.9	770	478	1,248
1905	4,808	5,026	9,834	319.1	319.2	318.7	4,045	4,612	8,657	267.6	292.9	280.6	763	414	1,177
1906	4,915	5,094	10,009	318.1	318.0	318.6	4,120	4,618	8,738	267.5	288.3	278.1	795	476	1,271
1907	5,162	5,245	10,407	329.0	321.9	325.4	4,312	4,711	9,023	274.8	289.2	282.1	850	534	1,384
1908	5,560	5,643	11,203	348.0	341.0	344.4	4,673	5,047	9,720	292.5	304.7	298.7	887	601	1,488
1909	5,805	5,903	11,708	356.9	350.6	353.7	4,882	5,270	10,152	300.2	313.0	306.7	923	633	1,556
1910	6,049	6,146	12,195	365.4	359.2	362.3	5,052	5,499	10,551	305.2	321.4	313.4	997	647	1,644
1911	6,247	6,255	12,502	372.1	360.3	366.1	5,188	5,612	10,800	309.0	323.2	316.3	1,059	643	1,702
1912	6,498	6,423	12,921	381.7	364.7	373.1	5,418	5,779	11,197	318.3	328.1	323.3	1,080	644	1,724
1913	6,661	6,638	13,299	386.0	371.6	378.7	5,580	5,993	11,573	323.4	335.5	329.5	1,081	645	1,726
1914	6,819	6,866	13,685	389.8	379.0	384.3	5,746	6,207	11,953	328.5	342.6	335.7	1,073	659	1,732
1915	7,114	7,089	14,203	401.1	386.0	393.5	6,012	6,450	12,462	339.2	351.2	345.3	1,102	639	1,741
1916	7,313	7,193	14,506	407.1	392.6	401.2	6,329	6,553	12,739	344.4	352.0	348.3	1,127	640	1,767
1917	7,461	7,409	14,870	410.0	392.6	401.2	6,329	6,553	12,739	344.4	352.0	348.3	1,127	640	1,767
1918	7,385	7,612	14,997	407.7	392.4	393.1	6,254	6,975	13,222	339.7	364.8	352.3	1,131	637	1,768
1919	7,349	7,602	14,951	393.7	392.4	393.1	6,247	6,975	13,222	334.7	360.1	347.0	1,102	627	1,729
1920	7,393	7,757	15,150	391.2	395.3	393.3	6,295	7,138	13,433	333.1	363.7	348.6	1,098	619	1,717
1921	7,800	8,023	15,823	408.8	404.4	406.5	6,777	7,384	14,058	349.8	372.2	361.2	1,126	639	1,765
1922	7,935	8,228	16,163	411.9	410.3	411.1	6,777	7,384	14,058	349.8	372.2	361.2	1,126	639	1,765
1923	8,000	8,422	16,422	411.4	415.5	413.5	6,820	7,803	14,623	350.7	384.9	368.2	1,180	619	1,799
1924	8,098	8,678	16,776	412.6	423.6	418.2	6,880	8,025	14,905	350.5	391.7	371.6	1,218	653	1,871
1925	8,323	8,920	17,243	420.2	430.9	425.6	7,098	8,273	15,371	358.3	399.6	379.2	1,247	654	1,872
1926	8,377	9,035	17,412	419.1	431.9	425.6	7,130	8,381	15,511	356.7	400.7	379.2	1,247	654	1,872
1927	8,378	9,406	17,784	415.3	445.1	430.6	7,113	8,262	15,839	352.6	412.9	383.5	1,265	680	1,945
1928	9,269	9,947	19,216	455.4	465.9	460.8	8,007	9,262	17,269	393.4	433.9	414.1	1,262	685	1,947
1929	10,368	10,126	20,494	504.9	469.6	486.8	8,222	9,444	17,666	400.4	438.0	419.6	1,246	682	1,928
1930	10,694	10,400	21,094	516.2	477.5	496.4	8,373	9,726	18,099	404.2	446.6	425.9	1,231	674	1,925
1931	11,112	10,730	21,842	531.7	487.8	509.2	8,744	10,070	18,814	418.4	457.8	438.6	1,268	660	1,928
1932	11,370	10,867	22,237	539.4	489.3	513.7	9,026	10,229	19,255	428.2	460.5	444.8	1,344	638	1,982
1933	11,619	11,085	22,704	546.5	494.3	519.7	9,184	10,491	19,675	432.0	467.8	450.4	1,435	591	3,029
1934	11,957	11,239	23,196	557.6	496.3	526.1	9,442	10,649	20,091	440.3	470.3	455.7	1,515	590	3,105

¹Population estimated for each intercensal year.²Includes Bridgewater, Tewksbury and McLean.

Veterans Administration Facilities Nos. 95 and 107 added to statistics in 1929.

TABLE 67. — *All First and Readmissions Resident in State Hospitals on September 30, 1934, by Form of Admission and Psychoses: Number and Percent Distribution*

PSYCHOSES	FIRST ADMISSIONS																			
	TOTAL			%	COURT ¹			TEMPORARY CARE			OBSERVATION			VOLUNTARY						
	M.	F.	T.		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
																	%	M.	F.	T.
With syphilitic meningo-encephalitis	325	103	428	3.5	322	102	424	3.8	—	1	1	2.7	1	—	1	1.3	2	—	2	.2
With other forms of syphilis	59	20	79	.7	59	20	79	.5	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	39	22	61	.5	38	22	60	.5	—	—	—	—	1	—	1	1.3	—	—	—	—
With other infectious diseases	8	5	13	.1	7	5	12	.1	—	—	—	—	—	—	—	1.3	—	—	—	—
Alcoholic psychoses	691	87	778	6.4	681	84	765	6.9	2	1	3	8.1	6	2	8	10.1	2	—	2	.2
Due to drugs, etc.	4	6	10	.1	4	5	9	.1	—	—	—	—	—	—	—	1.3	—	—	—	—
Traumatic psychoses	39	7	46	.4	38	7	45	.4	—	—	—	—	—	—	—	1.3	—	—	—	—
With cerebral arteriosclerosis	451	478	929	7.7	447	475	922	8.4	—	—	—	—	—	—	—	7.6	1	—	1	.1
With other disturbances of circulation	10	15	25	.2	10	15	25	.2	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	315	330	645	5.3	179	155	334	3.0	—	1	1	2.7	2	—	1	3.8	1	—	2	.2
Senile psychoses	182	327	509	4.2	179	324	503	4.5	—	1	1	2.7	2	—	1	—	1	—	1	.1
Involuntal psychoses	110	219	329	2.7	109	219	328	3.0	—	—	—	—	—	—	—	—	1	—	2	.2
Due to other metabolic diseases, etc.	27	53	80	.7	25	52	77	.7	—	—	—	—	—	—	—	1.3	1	—	2	.2
Due to new growth	1	2	3	.02	1	2	3	.02	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	78	45	123	1.0	76	45	121	1.1	—	—	—	—	—	—	—	1.3	1	—	1	.1
Psychoneuroses	41	42	83	.7	33	40	73	.7	—	—	—	—	—	—	—	1.3	1	—	1	.1
Manic-depressive psychoses	352	475	827	6.9	346	466	812	7.3	1	1	2	2.7	2	—	2	2.5	6	1	7	.8
Dementia praecox	2,445	2,329	4,774	39.6	2,430	2,323	4,753	42.9	1	3	4	10.8	1	—	1	1.3	5	5	10	1.2
Paranoia and paranoid conditions	102	242	344	2.8	98	241	339	3.1	2	5	7	18.9	12	1	13	16.4	1	—	1	.1
With psychopathic personality	55	52	107	.9	53	49	102	.9	—	—	—	—	4	—	4	5.0	—	1	1	.1
With mental deficiency	454	416	870	7.2	452	414	866	7.8	—	3	3	8.1	—	—	—	—	2	—	2	.2
Undiagnosed psychoses	7	10	17	.1	6	8	14	.1	—	—	—	—	2	2	4	5.0	—	—	—	—
Without psychoses	521	465	986	8.2	218	198	416	3.8	9	4	13	35.2	16	10	26	32.9	278	253	531	60.9
Primary behavior disorders	2	3	5	.04	—	—	—	—	—	1	1	2.7	2	2	4	5.0	—	—	—	—
Total	6,318	5,753	12,071	100.0	5,811	5,271	11,082	100.0	14	23	37	100.0	56	23	79	100.0	437	436	873	100.0

TABLE 67. — *All First and Readmissions Resident in State Hospitals on September 30, 1934, by Form of Admission and Psychoses: Number and Percent Distribution — Concluded*

PSYCHOSES	TOTAL			COURT ¹			TEMPORARY CARE			OBSERVATION			VOLUNTARY		
	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.
			%			%			%			%			%
With syphilitic meningo-encephalitis	215	40	255	213	40	253	2.3	—	—	—	—	—	2	—	2
With other forms of syphilis	28	13	41	28	12	40	.4	—	—	—	—	—	—	—	—
With epidemic encephalitis	22	9	31	22	9	31	.3	1	1	—	—	—	—	—	—
With other infectious diseases	4	2	6	4	2	6	.05	—	—	—	—	—	—	—	—
Alcoholic psychoses	451	102	553	448	102	550	5.0	1	1	1	11.1	—	1	—	2.0
Due to drugs, etc.	6	4	10	6	4	9	.1	—	—	—	—	—	1	—	2.0
Traumatic psychoses	17	2	19	17	2	19	.2	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	78	84	162	78	84	162	1.5	—	—	—	—	—	—	—	—
With other disturbances of circulation	—	4	4	—	4	4	.03	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	151	127	278	144	121	265	2.4	—	—	—	—	—	7	6	13
Senile psychoses	29	47	76	28	47	75	.7	1	1	—	—	—	—	—	—
Involutional psychoses	47	89	136	47	88	135	1.2	—	—	—	—	—	—	1	2.0
Due to other metabolic diseases, etc.	5	20	25	5	20	25	.2	—	—	—	—	—	—	—	—
Due to new growth	1	—	1	1	—	1	.01	—	—	—	—	—	—	—	—
With organic changes of nervous system	31	26	57	31	26	57	.5	—	—	—	—	—	—	—	—
Psychoneuroses	16	30	46	16	28	44	.4	—	—	—	—	—	—	—	—
Manic-depressive psychoses	367	602	969	362	594	956	8.6	2	2	2	22.2	—	2	2	4.0
Dementia praecox	3,527	3,612	7,139	3,523	3,611	7,134	64.5	—	—	1	22.2	—	4	5	18.0
Paranoia and paranoid conditions	66	127	193	65	127	192	1.7	—	—	1	22.2	—	3	—	6.0
With psychopathic personality	41	33	74	41	33	74	.7	—	—	—	—	—	1	—	2.0
With mental deficiency	432	436	868	430	436	866	7.8	—	—	2	22.2	—	—	—	—
Undiagnosed psychoses	22	26	48	22	24	46	.4	—	—	—	—	—	—	—	—
Without psychoses	83	51	134	71	43	114	1.0	—	—	1	22.2	—	11	6	34.0
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	5,639	5,486	11,125	5,601	5,457	11,058	100.0	2	6	8	100.0	6	3	9	100.0

¹Includes Sane Dangerous cases at Monson.

all hospitals, as in the total section of Table 66, we strike a better balance between the sexes. In addition it is to be noted that the residence rates for males in comparison with the females are very much higher since 1929 when the two Veterans' Administration Facility Hospitals were added to our statistical system. Inasmuch as we desire to present statistics on mental diseases as a state problem, the figures on sex differences for the last few years are probably better than those of preceding years. It is evident that if no Veterans' Hospitals were in existence, the patients admitted thereto would have to be absorbed into our state hospitals. It becomes increasingly evident that the significance of mental diseases as a state wide problem can only be determined by a thorough study of all cases of mental diseases under care in any hospital, whatever the particular type.

FORM OF ADMISSION AND PSYCHOSES OF FIRST AND READMISSIONS IN
RESIDENCE IN STATE HOSPITALS ON SEPTEMBER 30, 1934

It is important that we know the exact status of patients resident in State hospitals at the end of a statistical year. Table 67 and Graph 6 give us this information for both first and readmissions. Thus, on that date we observe that 12,071 first admissions were in residence in our State hospitals: 6,318 males and 5,753 females. Of this total 11,082 were held under court commitment, 37 on temporary care status, 79 on observation status, and 873 on voluntary status. In the court cases there were 540 more males than females. The temporary care admissions show more females than males while the observation cases present a predominance of males. The voluntary cases show about the same number of both sexes. In the court commitments in residence, cases with dementia praecox, psychoses with cerebral arteriosclerosis, psychoses with mental deficiency and the manic-depressive psychoses show the largest relative proportions. In the temporary care group, the without psychoses group and cases with dementia praecox show the largest number. In the observation cases the cases without psychosis and dementia praecox again show the largest proportions. In the voluntary group we note the interesting fact that the without psychosis group and the psychoses with convulsive disorders (epilepsy) provide 96 per cent of cases.

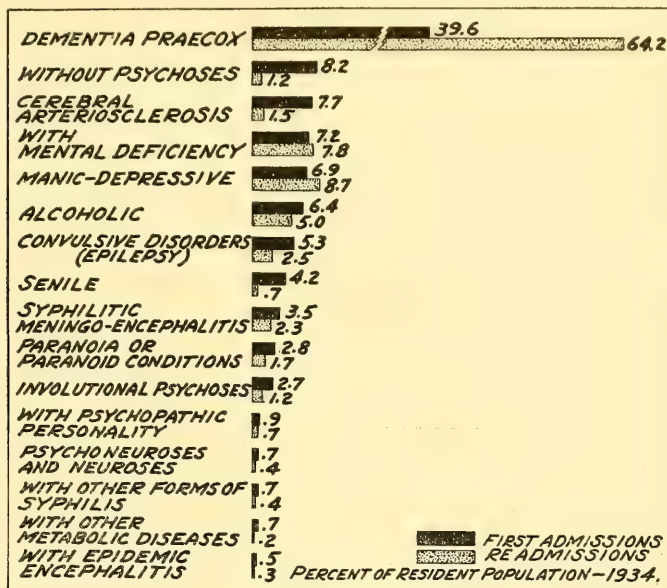
There were 11,125 readmissions in residence; 5,639 males and 5,486 females. Eleven thousand and fifty-eight of these were held under court commitment; 8 on temporary care status; 9 on observation status, and 50 on voluntary status. The males predominate in the court, observation and voluntary admissions, while the females show larger proportions in the temporary care cases in residence. Among the court readmissions in residence we note that dementia praecox with 64 per cent, the manic-depressive group with 8 per cent, mental deficiency with 7 per cent, and the alcoholic group with 5 per cent show the largest proportions of cases in residence. In the temporary care group, the undiagnosed cases and the manic-depressive psychoses show the largest proportions. Among the observation cases the proportions are the same for nearly all of the psychoses. In the voluntary group we see the cases without psychoses and the psychoses with convulsive disorders (epilepsy) showing approximately 60 per cent of the voluntary readmissions in residence.

Ninety-two per cent of the first admissions in residence were court cases, while 99 per cent of the readmissions were court cases. Temporary care cases in residence made up .30 per cent of the first admissions and .07 per cent of the readmissions. Observation cases comprised .65 per cent of the first admissions and .08 per cent of the readmissions. The voluntary cases presented 7.2 per cent of resident first admissions, and .44 per cent of resident readmissions.

ECONOMIC STATUS OF COURT ADMISSIONS, DISCHARGES AND DEATHS, 1934, AND
RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1934,
FIRST AND READMISSIONS

In Table 68 we attempt a resumé of the part played by economic status in connection with admissions, discharges, deaths and the resident population. In discussing the admissions we note that *first admissions* for the year 1934 showed 29 per cent of cases in the dependent group. Among the discharges for the same year, however, the dependent group made up but 15 per cent. Among the deaths this group was observed to the extent of 29 per cent, while they made up 20 per

cent of the first admissions in the resident population and 18 per cent of patients out. It is striking here that the percentage of discharges in the dependent group is so small in comparison with the admissions for the year, 15 per cent as against 29 per cent.



GRAPH 6.— FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1934, BY PSYCHOSES: PERCENTAGE DISTRIBUTION.

The marginal economic group made up 62 per cent of first admissions, and 77 per cent of the first admissions discharged during the year. This economic group comprised 61 per cent of all deaths for the year, and made up 71 per cent of the resident population and 74 per cent of the patients out on September 30, 1934. Thus, the marginal economic group shows a higher proportion of discharges than of first admissions during the year. It also shows a high proportion in the resident population and of patients out at the end of the year.

The comfortable economic group made up 4 per cent of first admissions, 6 per cent of first admissions discharged, 5 per cent of the deaths, and 5 per cent of the resident population and patients out. We note that they have a high discharge percentage in comparison with their percentage of first admissions, and they show a relatively high proportion in the population on the books.

Now we turn to the *readmissions* and make these same comparisons throughout the groups concerned. Readmissions for the year 1934 showed 18 per cent in the dependent group admitted, while but 13 per cent were discharged. They made up 19 per cent of the deaths, 13 per cent of the resident population and 12 per cent of the patients out. As in the first admissions, we again observe that the dependent cases have a low percentage in the discharges as compared with their percentage of admissions. They also are low in the cases retained in the resident population. The economic group, marginal, shows 76 per cent of readmissions for the year, 78 per cent of readmissions discharged, 73 per cent of deaths, 81 per cent of the resident population and 80 per cent of the patients out. As in the case of the first admissions, the readmissions in the marginal group again show a high proportion among the discharges, and a high proportion in the population on the books. The economic group, comfortable, reveals 4 per cent in readmissions for the year, 7 per cent in the readmissions discharged, 5 per cent in the deaths, and 4 per cent in the resident population and patients out. Apparently readmissions of comfortable status have a high proportion of discharges and a rather low proportion remaining in the population on the books.

TABLE 68. — *Economic Status of Court Admissions, Discharges and Deaths, 1934, and Resident Population and Patients Out on September 30, 1934: First and Readmissions, by Sex: Numbers and Percentages*

ECONOMIC STATUS	FIRST ADMISSIONS						PER CENT						READMISSIONS						PER CENT					
	NUMBER			PER CENT			NUMBER			PER CENT			NUMBER			PER CENT			NUMBER			PER CENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Admissions: ¹																								
	561	403	964	31.4	27.2	29.5	83	59	142	20.7	15.9	18.4	83	59	142	20.7	15.9	18.4	83	59	142			
	1,097	927	2,024	61.4	62.6	62.0	298	289	587	74.3	77.9	76.0	298	289	587	74.3	77.9	76.0	298	289	587			
	82	69	151	4.6	4.7	4.6	17	17	34	4.3	4.6	4.4	17	17	34	4.3	4.6	4.4	17	17	34			
	47	81	128	2.6	5.5	3.9	3	6	9	.7	1.6	1.2	3	6	9	.7	1.6	1.2	3	6	9			
Total	1,787	1,480	3,267	100.0	100.0	100.0	401	371	772	100.0	100.0	100.0	401	371	772	100.0	100.0	100.0	401	371	772			
Discharges: ¹																								
	105	95	200	15.4	15.0	15.2	44	32	76	15.7	11.8	13.8	44	32	76	15.7	11.8	13.8	44	32	76			
	531	492	1,023	77.8	77.6	77.7	213	218	431	76.1	80.5	78.2	213	218	431	76.1	80.5	78.2	213	218	431			
	42	42	84	6.2	6.6	6.4	20	19	39	7.1	7.0	7.1	20	19	39	7.1	7.0	7.1	20	19	39			
	4	5	9	.6	.8	.7	3	2	5	1.1	.7	.9	3	2	5	1.1	.7	.9	3	2	5			
Total	682	634	1,316	100.0	100.0	100.0	280	271	551	100.0	100.0	100.0	280	271	551	100.0	100.0	100.0	280	271	551			
Deaths: ¹																								
	217	189	406	29.8	28.2	29.1	44	37	81	21.5	17.6	19.5	44	37	81	21.5	17.6	19.5	44	37	81			
	449	406	855	61.6	60.7	61.1	152	154	306	74.1	73.4	73.7	152	154	306	74.1	73.4	73.7	152	154	306			
	40	30	70	5.5	4.5	5.0	9	15	24	4.4	7.1	5.8	9	15	24	4.4	7.1	5.8	9	15	24			
	23	44	67	3.1	6.6	4.8	—	4	4	—	1.9	1.0	—	4	4	—	1.9	1.0	—	4	4	4		
Total	729	669	1,398	100.0	100.0	100.0	205	210	415	100.0	100.0	100.0	205	210	415	100.0	100.0	100.0	205	210	415			
Resident Population:																								
	1,421	1,105	2,526	22.5	19.2	20.9	817	674	1,491	14.5	12.3	13.4	817	674	1,491	14.5	12.3	13.4	817	674	1,491			
	4,513	4,120	8,633	71.4	71.6	71.5	4,584	4,444	9,028	81.3	81.0	81.1	4,584	4,444	9,028	81.3	81.0	81.1	4,584	4,444	9,028			
	276	414	690	4.4	7.2	5.8	183	314	497	3.2	5.7	4.5	183	314	497	3.2	5.7	4.5	183	314	497			
	108	114	222	1.7	2.0	1.8	55	54	109	1.0	1.0	1.0	55	54	109	1.0	1.0	1.0	55	54	109			
Total	6,318	5,753	12,071	100.0	100.0	100.0	5,639	5,486	11,125	100.0	100.0	100.0	5,639	5,486	11,125	100.0	100.0	100.0	5,639	5,486	11,125			
Patients Out:																								
	145	133	278	19.2	16.9	18.1	59	53	112	15.1	10.8	12.7	59	53	112	15.1	10.8	12.7	59	53	112			
	571	576	1,147	75.5	73.5	74.5	308	406	714	79.0	82.4	80.9	308	406	714	79.0	82.4	80.9	308	406	714			
	31	55	86	4.1	7.0	5.6	20	18	38	5.1	3.6	4.3	20	18	38	5.1	3.6	4.3	20	18	38			
	9	20	29	1.2	2.6	1.8	3	16	19	.8	3.2	2.1	3	16	19	.8	3.2	2.1	3	16	19			
Total	756	784	1,540	100.0	100.0	100.0	390	493	883	100.0	100.0	100.0	390	493	883	100.0	100.0	100.0	390	493	883			

¹Includes first and readmissions by regular court commitment.

Reviewing this material, we note that the tendency is for the dependent group to have low proportions of cases discharged. On the other hand, the marginal and comfortable group show higher proportions of cases discharged in comparison with admissions of the same status. In both first and readmissions the economic group "dependent" does not show any great tendency to accumulate in the resident population, this accumulation apparently coming from the "marginal" group. The "comfortable" group shows a great tendency to accumulate among the first admissions in residence, but no such tendency is observed among the readmissions in residence.

PERCENTAGE DISTRIBUTION OF CERTAIN PSYCHOSES AMONG ADMISSIONS,
DISCHARGES, DEATHS, 1934, AND RESIDENT POPULATION
AND PATIENTS OUT ON SEPTEMBER 30, 1934

In Table 69 we divide the admissions, discharges, deaths, resident population and patients out for the year into first and readmissions, and then compare the percentage distribution of the psychoses within these separate divisions. Insofar as the percentages of psychoses in first admissions tend to be the same from year to year, we have a means here of comparing the outcome of some of the specific psychosis groups. Dementia praecox made up 21 per cent of first admissions during 1934. It made up 26 per cent of discharges and 9 per cent of deaths for the same year. Thus, we see that dementia praecox has an unexpectedly high discharge rate and a very low death rate among first admissions. However, in the resident population we see that this psychosis comprises almost 40 per cent of resident cases. Apparently the low death rate of previous years has resulted in considerable retention and we have dementia praecox cases in our institutions in unusual proportions. In addition we find that 29 per cent of our cases who were out on September 30, 1934 had this psychosis. The manic-depressive psychoses present a marked contrast in reference to first admissions. This psychosis makes up 10 per cent of first admissions for 1934, 20 per cent of discharges, but 3 per cent of deaths, and only 6 per cent of the resident population. Thus, we see that this psychosis has a high discharge rate, a very low death rate, and a low retention rate. It is interesting to note, however, that a large percentage of cases with this psychosis, although still carried on the books of our mental hospitals, were out on visit, etc. on September 30, 1934. Psychoses with cerebral arteriosclerosis made up 22 per cent of first admissions during 1934. It also comprised 7 per cent of discharges, 39 per cent of deaths, 7 per cent of the resident population, and 8 per cent of the patients out. This psychosis has a low discharge rate but an extremely high death rate, and a little tendency towards retention within institutions.

We will now discuss these same psychoses in the readmissions. Dementia praecox made up 37 per cent of readmissions during 1934, 29 per cent of the discharges, 45 per cent of the deaths, 64 per cent of the resident population and 38 per cent of the patients out of institutions on September 30, 1934. Readmissions with this psychosis apparently have a low discharge rate, a very high death rate, and a greater tendency toward retention within institutions. In this case the smaller numbers of discharges apparently tend to have an accumulative effect as we see 64 per cent of dementia praecox cases in the resident readmissions as compared with 37 per cent of the readmissions admitted for the year. The manic-depressive group made up 30 per cent of readmissions during 1934. It comprised 35 per cent of the discharges, 14 per cent of the deaths, 8 per cent of the readmitted cases in the resident population and 28 per cent of the cases out on visit at the end of the year. The manic group apparently has a high discharge rate and a low death rate, and no tendency to accumulate in the resident population. It is particularly interesting to note that this psychosis had 28 per cent of cases out on visit, etc. at the end of the year. Psychoses with cerebral arteriosclerosis made up but 5 per cent of readmissions during 1934. They comprised 2 per cent of discharges, 8 per cent of deaths, 1 per cent of readmissions in the resident population and 2 per cent of patients out at the end of the year. As far as readmissions are concerned, this psychosis has a very low discharge rate, a high death rate, and a low rate of retention within institutions. Pursuing the same method for the separate psychotic groups we see the tendencies of each group in the matter of discharge rates, death rates and retention rates.

TABLE 69. — *Admissions, Discharges, Deaths, 1934, Resident Population and Patients Out on September 30, 1934; First and Readmissions, by Certain Psychoses: Percentage Distribution*

PSYCHOSES	ADMISSIONS ¹		DISCHARGES ¹		DEATHS ¹		RESIDENT POPULATION		PATIENTS OUT ON VISIT, ETC.	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis	6.9	3.1	4.3	2.0	8.2	6.8	3.5	2.3	4.9	2.7
Alcoholic psychoses	7.4	5.4	9.6	4.7	4.2	6.0	6.4	5.0	8.4	5.9
With cerebral arteriosclerosis	22.7	5.8	7.8	2.3	39.6	8.2	7.7	1.5	8.0	2.5
Senile psychoses	7.4	1.7	2.2	1.3	17.1	2.9	4.2	1.7	2.1	1.2
Involutional psychoses	3.6	1.8	3.0	2.5	2.9	1.2	2.7	1.2	4.4	1.1
Due to other metabolic diseases, etc.	1.9	.5	2.3	.7	2.4	1.7	1.0	.5	1.6	1.5
With organic changes of nervous system	1.8	.5	2.3	.9	2.4	1.4	1.0	.5	1.0	1.4
Psychoneuroses	1.6	2.1	3.3	2.7	1.1	1.2	6.9	8.7	3.4	2.6
Manic-depressive psychoses	10.2	30.1	20.4	35.8	3.3	14.5	6.9	8.7	16.1	28.2
Dementia, praecox	21.3	37.7	26.0	29.8	9.0	45.4	39.6	64.2	29.2	38.1
Paranoia and paranoid conditions	2.6	1.3	3.7	2.3	1.1	1.7	2.8	1.7	3.2	3.2
With mental deficiency	3.7	3.2	5.1	4.2	1.9	4.3	7.2	7.8	2.8	5.0
Without psychoses	1.7	1.2	3.1	3.1	1.2	1.2	8.2	1.2	5.1	1.7
All other psychoses	7.2	5.6	8.0	7.7	7.1	5.5	8.5	4.6	9.8	5.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Tables 145, 146, 174, 175, 183, 184, 193, 194, 195 and 196 for detail of psychoses).

¹First and readmissions by regular court commitment.

MARITAL STATUS OF ADMISSIONS, DISCHARGES AND DEATHS, 1934, AND THE
RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1934.

Table 70 presents the marital status in admissions, discharges and deaths during the year 1934 compared with the resident population and patients out on September 30, 1934. In the first admissions the single comprised 38 per cent of all admissions; 41 per cent of the discharges; 27 per cent of deaths; 56 per cent of the resident population; and 46 per cent of the patients out. This group is quite low in the proportion of deaths but extremely high in patients retained in the resident population. The married group makes up 39 per cent of first admissions; 45 per cent of discharges; 35 per cent of deaths; 30 per cent of the resident population; and 42 per cent of patients out on visit, etc. at the end of the year. The married group is high in discharges, low in deaths, low in the resident population, and high among patients allowed out of the institution. The widowed group comprises 17 per cent of first admissions; 8 per cent of discharges; 32 per cent of deaths; 10 per cent of the resident population; and 7 per cent of patients out. This group shows very low proportions in the discharges, extremely high proportions in the deaths, and low proportions in both the resident population and in patients out. The divorced group makes up 2 per cent of first admissions; 2 per cent of discharges; 2 per cent of the deaths; and 2 per cent of the resident population and of patients out at the end of the year. The separated persons show one per cent of cases in all of the categories mentioned. Briefly, the single present a low death rate which results in a high proportion of this group being retained in the resident population. The married present a high discharge rate and a low death rate and but few are retained. The widowed, on the other hand, present a low discharge rate and an extremely high death rate. The divorced and separated tend to show the same proportions throughout the various categories mentioned.

In the readmissions we observe that the single comprised 46 per cent of admissions; 43 per cent of the discharges; 49 per cent of the deaths; 60 per cent of the resident population; and 50 per cent of patients out. The single readmissions present much larger proportions dying than do the first admissions. The married readmissions comprise 40 per cent of admissions; 45 per cent of discharges; 34 per cent of deaths; 29 per cent of the resident population; and 39 per cent of the cases out. This group shows a high discharge rate, a low death rate, and a low retention rate which is similar to the situation in the first admissions. The widowed show 8 per cent of readmissions; 7 per cent of discharges; 11 per cent of deaths; 5 per cent of the resident population and 5 per cent of patients out. This high death rate was observed also in the first admissions for this particular marital group. The divorced make up 3 per cent of readmissions; 2 per cent of discharges; 2 per cent of deaths; 2 per cent of the resident population; and 2 per cent of the patients out of the hospital at the end of the year.

AVERAGE ADMISSION AGE OF ADMISSIONS, DISCHARGES AND DEATHS DURING
1934 COMPARED WITH THE AVERAGE ADMISSION AGE OF THE
RESIDENT POPULATION AND PATIENTS OUT ON
SEPTEMBER 30, 1934, BY PSYCHOSES

In Table 71 we compare the admission age of first and readmissions during 1934 with the admission age of first and readmissions of discharges and deaths during 1934. We also compare these figures with the admission age of first and readmissions in the resident population and of patients out at the end of the year.

In discussing the first admissions, we observe that the admission age of first admissions during 1934 was 49.7 years. The admission age of cases discharged during that same year was 40.7 years. The admission age of first admissions dying during 1934 was 61.4 years. The admission age of first admissions in the resident population was 41.0 years and that of patients out, 39.8 years. We note that in this group the age of discharges is nine years less than that of the admissions for the year, while the admission age of first admissions in the resident population is over eight and a half years less. The admission age of patients out at the end of the year is lowest of all, 39.8 years. However, when we come to the deaths we see that the admission age of persons dying during 1934 was nearly twelve years higher than that of the admissions.

TABLE 71. — Average Age at Admission of Cases Admitted, Cases Discharged and Cases Dying during 1934, Compared with Average Admission Age of the Resident Population and Patients Out on September 30, 1934, by Psychoses

PSYCHOSES	ADMISSIONS ¹		DISCHARGES ¹		DEATHS ¹		RESIDENT POPULATION		PATIENTS OUT	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis.	44.1	45.6	42.4	45.6	49.1	43.2	43.6	42.2	42.0	45.0
With other forms of syphilis	42.9	32.5	43.0	41.8	51.9	44.1	44.7	45.7	33.3	40.0
With epidemic encephalitis	35.0	27.5	28.6	22.7	44.1	—	30.0	33.5	24.9	35.5
With other infectious diseases	32.0	49.1	—	—	30.0	52.5	37.4	40.0	30.2	50.0
Alcoholic psychoses	46.7	50.3	44.6	44.4	52.8	—	47.3	48.3	46.1	50.5
Due to drugs, etc.	48.3	44.1	38.5	53.7	60.3	—	52.0	43.0	41.6	70.0
Traumatic psychoses	46.3	42.5	44.0	30.0	60.3	—	45.4	45.5	36.4	45.0
With cerebral arteriosclerosis	70.1	66.8	67.0	60.5	71.0	69.7	67.9	66.0	63.1	64.0
With other disturbances of circulation	62.3	47.5	58.7	64.1	61.4	—	55.0	42.5	40.5	60.0
With convulsive disorders (epilepsy)	37.2	41.2	32.2	23.5	40.7	37.5	34.3	38.7	30.0	41.8
Senile psychoses	75.4	73.2	69.9	60.3	75.0	72.9	72.3	68.3	68.0	66.8
Involuntary psychoses.	52.8	59.2	51.4	52.1	55.1	58.5	53.0	54.4	51.9	53.0
Due to other metabolic diseases, etc.	50.6	53.7	41.6	47.5	54.1	59.1	47.2	46.6	42.2	40.0
Due to new growth	56.0	—	60.0	—	57.5	—	31.6	45.0	—	—
With organic changes of nervous system	47.5	32.5	40.0	46.5	49.7	48.3	42.8	40.7	44.1	39.5
Psychoneuroses	36.6	39.0	35.5	40.8	60.0	32.5	41.9	42.1	36.4	38.3
Manic-depressive psychoses	40.5	46.9	39.7	44.4	48.0	57.9	42.7	46.6	39.8	43.6
Dementia praecox	32.0	39.3	31.3	36.4	37.5	31.9	35.0	38.4	31.4	39.0
Paranoia and paranoid conditions	49.7	54.5	47.7	52.5	55.0	50.3	49.8	51.8	48.0	51.7
With psychopathic personality	34.7	32.8	31.7	34.0	43.2	39.1	37.9	37.4	29.6	33.6
With mental deficiency	36.9	37.0	32.2	27.7	41.3	43.6	34.7	36.8	13.7	34.6
Undiagnosed psychoses	37.9	34.1	38.5	57.5	52.5	—	35.1	43.5	35.5	57.3
Without psychoses	34.2	40.8	32.5	34.2	17.6	35.5	23.2	32.8	19.4	—
Primary behavior disorders	22.5	—	22.5	—	—	—	30.2	—	—	—
Total	49.7	44.9	40.7	41.5	61.4	48.5	41.0	40.7	39.8	42.8

(See Tables 145, 146, 176, 177, 187, 188, 193, 194, 195 and 196 for detail).
¹First and readmissions by regular court commitment.

The admission age of readmissions admitted during 1934 was 44.9 years. Readmissions discharged during 1934 had an average admission age of 41.5 years. Those dying during 1934 had an average admission age of 48.5 years. Readmission cases in the resident population on September 30, 1934 had an average admission age of 40.7 years while readmissions who were out on the above date had an average admission age of 42.8 years. Now among the readmissions we see a little different situation than was observed in the first admissions. The average age at admission of readmissions was 44.9 years. The average admission age of readmissions discharged during the year is three years less, while the admission age of readmissions in the resident population is four years lower than the admission age. The admission age of readmissions dying is approximately four years higher than that of the readmissions admitted during the year. We observe that among the readmissions the resident population is selected from cases admitted in the younger ages, while in the first admissions the cases who were discharged seem to be selected from the younger admission ages.

Table 71 presents this material by psychosis and by sex, but the limitations of space prevent a full discussion of the various psychoses. In general, we may say from these results that the first admissions coming in each year will divide themselves into three groups. The older admission ages will be recorded among the deaths, and the lower admission ages will make up the cases, (a) in the resident population, and (b) cases discharged. In the first admissions, the cases discharged are apparently collected from the lowest admission ages. When we come to the readmissions we find that the cases showing older admission ages go to make up the deaths. The cases admitted at younger ages are divided differently. Of these younger admission age groups, the older cases are among the discharges and the younger cases are apparently retained and take a place in the resident population. In other words, the readmissions show that the youngest cases are those which go to make up the resident population and to be retained in institutions for long periods of time.

AVERAGE AGE AT ADMISSION, AT DISCHARGE AND AT DEATH OF COURT CASES,
1934, COMPARED WITH AVERAGE ADMISSION AGE AND
AVERAGE PRESENT AGE OF RESIDENT
POPULATION AND PATIENTS OUT ON
SEPTEMBER 30, 1934

Table 72 outlines the average age at admission, at discharge, and at death of court cases, 1934, and also the average age of the resident population and patients out on September 30, 1934, by hospital. Comparing the totals in each of these groups we observe that the first admissions come into mental hospitals at an average age of 49.7 years, while the readmissions average 44.9 years. Among the discharges the first admissions presented an average age at discharge of 42.5 years, while the readmissions discharged showed an average of 44.1 years. The average ages at death are much higher, 64.7 years for first admissions and 59.8 years for readmissions. In the resident population we note that there is little difference between the age at admission of first admissions and readmissions, 41.0 years for the former and 40.7 years for the latter. In the present age of the resident population we note an average age of 48.3 years for first admissions and 50.7 years for readmissions. It is apparent in these differences that the readmissions are the cases staying for the longer periods. The patients out of institutions on visit, etc., showed an average age at admission for the first admissions of 39.8 years, and 42.8 years for the readmissions. In the present age of this same group we observe that the first admissions record 41.0 years while the readmissions out present an average age of 47.3 years. It is interesting to note that the average present age of first admissions out of institutions is 41.0 years as contrasted with the present age of 48.3 years for first admissions in the resident population. This shows quite definitely that the younger first admissions are those being placed on visit. Among the readmissions also we see that the average present age of 47.3 years for patients out is lower than the average present age of 50.7 years for the resident population. This shows us that, as in the case of the first admissions, the readmissions who are younger are the ones tending to be placed out on visit, etc.

TABLE 72. — *Average Age at Admission, at Discharge and at Death of Court Cases, 1934, and of the Resident Population and Patients Out on September 30, 1934, by First and Readmissions and Hospitals*

HOSPITALS	ADMISSIONS ¹		DISCHARGES ¹		DEATHS ¹		RESIDENT POPULATION				PATIENTS OUT			
	AGE AT ADMISSION		AGE AT DISCHARGE		AGE AT DEATH		FIRST ADMISSIONS		READMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission	Present Age
Boston State	55.6	46.3	47.1	44.6	66.8	60.9	45.5	52.0	39.8	50.8	43.3	45.0	42.7	44.9
Boston Psychopathic	37.2	42.5	36.6	45.0	48.5	—	36.7	36.7	46.7	47.1	36.9	36.9	38.3	38.3
Danvers	51.4	42.1	41.7	43.1	63.1	56.6	42.4	49.3	41.3	49.7	41.1	42.6	41.2	45.7
Foxborough	50.5	44.1	39.9	41.3	66.6	59.4	42.0	47.4	40.2	50.3	39.3	41.4	41.6	43.7
Gardner	51.9	45.7	41.3	48.6	68.5	60.0	43.4	49.4	38.6	51.0	46.6	50.4	45.0	55.4
Grafton	47.1	44.5	40.3	43.1	62.9	61.4	43.0	49.1	40.5	55.0	42.0	45.1	45.5	51.8
Medford	46.5	44.0	39.8	45.2	57.3	65.7	43.3	48.4	40.2	55.4	44.2	45.3	38.0	44.2
Metropolitan	—	—	—	41.5	—	54.0	—	—	44.2	47.3	—	—	40.0	41.8
Northampton	49.8	47.3	41.5	47.5	68.0	69.3	43.6	50.2	43.4	51.4	37.7	40.0	43.8	46.2
Taunton	51.8	47.4	42.7	43.9	67.9	61.9	44.7	52.7	34.5	52.2	40.5	41.6	45.2	47.2
Westborough	49.1	44.4	43.6	46.1	65.0	62.0	45.3	51.9	44.5	52.2	40.9	43.2	42.9	46.6
Worcester	49.6	47.3	43.8	43.4	63.1	56.2	42.3	50.8	42.5	51.1	42.0	44.8	44.7	48.1
Monson	31.1	27.5	26.5	27.5	32.5	44.5	28.5	32.1	32.5	44.5	23.6	25.5	33.0	41.0
McLean	47.3	47.7	39.2	49.3	77.5	52.5	48.5	55.6	45.6	55.2	44.6	48.4	43.5	45.7
Bridgewater	36.1	31.6	38.7	34.6	57.1	50.5	34.9	49.6	36.1	51.2	35.0	45.0	25.0	50.0
Tewksbury	—	—	52.5	47.5	64.6	62.1	39.6	54.0	40.0	56.9	17.0	25.0	40.0	45.0
Vet. Adm. Fac. No. 107	42.1	42.0	44.0	41.0	43.3	44.5	37.2	41.3	37.4	41.2	34.0	40.4	39.0	42.1
Vet. Adm. Fac. No. 95	38.4	40.6	40.0	39.1	41.6	41.1	34.1	40.1	34.8	40.7	35.0	47.5	37.2	40.2
Total	49.7	44.9	42.5	44.1	64.7	59.8	41.0	48.3	40.7	50.7	39.8	41.0	42.8	47.3

(See Tables 148, 149, 180, 181, 185, 186 and 197-204, inclusive, for detail).
¹First and readmissions by regular court commitment.

Discussing the state hospitals only, we observe that the Boston State Hospital presents the highest average age at admission for first admissions, 55.6 years. Gardner is next with 51.9 years; Taunton next with 51.8 years and Danvers next with 51.4 years. Among the readmissions, Taunton, Northampton and Worcester show the highest average admission ages with 47.4 years, 47.3 years and 47.3 years, respectively. Among the first admissions discharged during the year, the Boston State Hospital shows the highest average age at discharge of 47.1 years. Worcester is next with an average discharge age of 43.8 years, and Westborough next with 43.6 years. The Gardner State Hospital presents the highest discharge age of readmissions, that of 48.6 years, with Northampton and Westborough next in order, 47.3 years and 46.1 years, respectively. Among the deaths we find that the highest average age at death occurs at the Gardner State Hospital, 68.5 years. Among the readmissions dying, the highest average age is shown at Northampton with 69.3 years. In the resident population the highest average present ages are found at the Taunton State Hospital, Boston State Hospital, and Westborough State Hospital, 52.7 years, 52.0 years and 51.9 years, respectively. Among the readmissions the highest average present age of 55.4 years is noted at the Medfield State Hospital, with Grafton next, showing an average present age of 55.0 years. In the group of patients out of the hospitals, the highest average present age of first admissions, 45.3 years, is noted at the Medfield State Hospital with Grafton next in order, 45.1 years. Among the readmissions out at the end of the year the highest average present age of 55.4 years is found at the Gardner State Hospital.

TABLE 73. — *Average Length of Hospital Stay during the Present Admission, First Admissions and Readmissions in Residence on September 30, 1934, by Psychoses*¹

PSYCHOSES	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4.14	5.46	4.41	3.90	4.81	4.12	4.49	7.17	4.92
With other forms of syphilis	4.27	8.20	5.35	4.08	8.77	5.27	4.68	7.32	5.52
With epidemic encephalitis	5.27	4.49	5.01	4.93	4.51	4.77	5.88	4.46	5.46
With other infectious diseases	6.40	4.21	5.59	5.31	1.90	4.00	8.59	10.00	9.06
Alcoholic psychoses	9.34	11.07	9.59	8.82	10.27	8.99	10.13	11.76	10.44
Due to drugs, etc.	7.63	8.06	7.85	2.12	5.45	4.12	11.31	11.59	11.42
Traumatic psychoses	6.58	7.57	6.72	6.17	3.66	5.79	.75	21.25	8.97
With cerebral arteriosclerosis	2.69	3.24	2.98	2.63	3.11	2.87	3.08	3.97	3.54
With other disturbances of circulation	4.56	5.90	5.41	4.56	4.70	4.64	—	10.18	10.18
With convulsive disorders (epilepsy)	8.98	10.86	9.91	8.52	9.76	9.15	9.96	13.75	11.69
Senile psychoses	4.02	4.98	4.63	3.94	4.38	4.22	3.68	6.76	5.58
Involuntional psychoses	4.03	6.10	5.41	4.17	5.13	4.80	3.73	8.49	6.85
Due to other metabolic diseases, etc.	4.98	3.82	4.17	3.72	3.16	3.35	11.80	5.60	6.84
Due to new growth	7.50	6.31	6.40	2.50	6.31	5.04	12.50	—	12.50
With organic changes of nervous system	4.66	5.07	4.82	4.65	5.21	4.86	4.68	4.83	4.75
Psychoneuroses	3.21	4.52	3.95	2.75	4.21	3.48	4.41	4.97	4.78
Manic-depressive psychoses	5.82	6.81	6.42	4.81	5.38	5.13	6.97	7.95	7.58
Dementia praecox	11.12	11.17	11.14	11.25	10.08	10.68	11.03	11.88	11.45
Paranoia and paranoid conditions	7.01	8.17	7.81	5.88	7.74	7.19	8.76	8.97	8.90
With psychopathic personality	6.62	6.90	6.75	6.41	7.73	7.05	6.89	5.60	6.31
With mental deficiency	10.09	9.08	9.59	9.44	8.40	8.94	10.78	9.72	10.25
Undiagnosed psychoses	1.82	2.39	2.14	2.16	3.82	3.14	1.72	1.85	1.79
Without psychoses	8.06	8.92	8.46	7.45	8.68	8.03	11.96	11.17	11.66
Primary behavior disorders . . . . .	.12	.12	.12	.12	.12	.12	—	—	—
Total	9.06	9.31	9.18	8.23	7.91	8.08	9.99	10.79	10.38

(See Tables 205, 206 and 207 for detail).

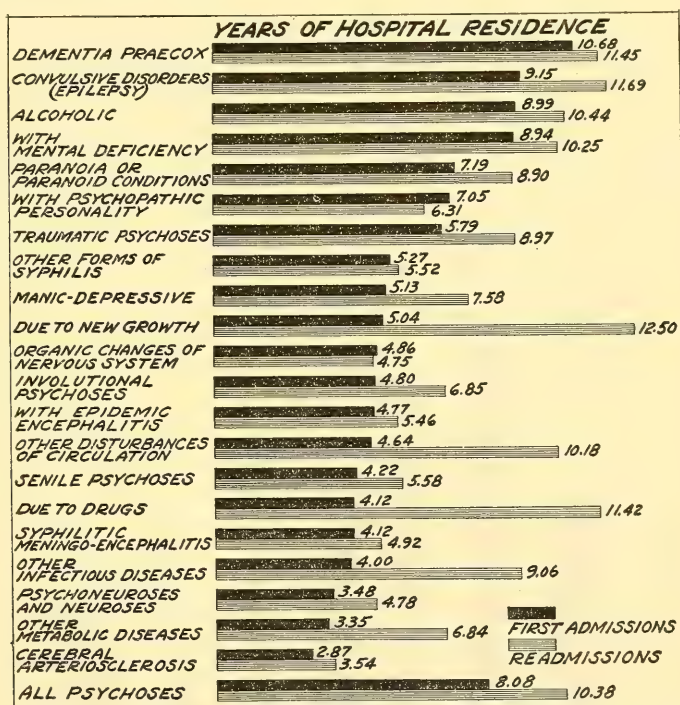
¹This table considers only the length of time spent in hospitals during the *present* admission.

AVERAGE LENGTH OF HOSPITAL STAY, ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE, SEPTEMBER 30, 1934

Of the total cases in residence, we observe that patients with dementia praecox have the longest average hospital stay, 11.14 years (Table 73 and Graph 7). Next in order are the psychoses with convulsive disorders, 9.91 years; alcoholic, 9.59 years; and psychoses with mental deficiency, 9.59 years. Probably it is no coin-

cidence that these same psychoses tend to show the longest terms of residence during each statistical year. The shortest average periods of residence are observed in the psychoses with primary behavior disorders, .12 years; undiagnosed psychoses, 2.14 years; psychoses with cerebral arteriosclerosis, 2.98 years; psychoneuroses and neuroses, 3.95 years; and psychoses due to other metabolic diseases, 4.17 years. The average length of stay for all psychoses is 9.18 years. It will be noted that the females have a slightly longer average residence than the males insofar as they have remained 9.31 years as compared with 9.06 years for the males, a difference of three months.

In considering the average length of hospital stay for the first admissions in residence, we note that the total for all psychoses and both sexes is 8.08 years. There is a noticeable sex difference here, however, in that the males have remained longer than the females, or 8.23 years for males and 7.91 years for females, a difference of nearly three and a half months. Patients with dementia praecox have the longest hospital stay, 10.68 years, followed by psychoses with convulsive disorders, 9.15 years; and alcoholic psychoses, 8.99 years. The shortest average periods of hospital residence are observed in psychoses with primary behavior disorders, .12 years; cerebral arteriosclerosis, 2.87 years; undiagnosed psychoses, 3.14 years; and due to other metabolic diseases, 3.35 years.



GRAPH 7. — AVERAGE LENGTH OF STAY IN YEARS OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1934, BY PSYCHOSES.

In considering the average length of stay for readmissions in residence, we should recall that this does not include the time spent in institutions during previous admissions, but concerns the length of residence during *this* admission only. In considering the total time spent in the hospital during *this* admission for readmissions in residence, we observe that the average length of stay is 10.38 years, over two years and three months longer than the average stay of first admissions in residence. Here we note that the females have a tendency to remain over nine months longer than the males, an average of 10.79 years as compared with

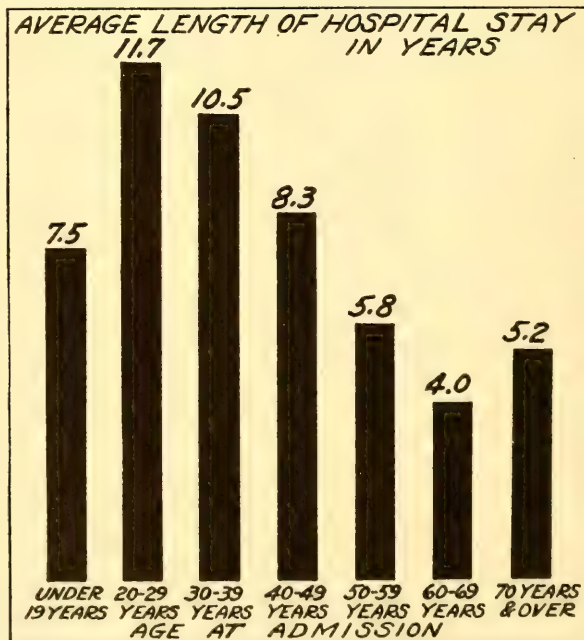
9.99 years for the males. It will be observed that this is the reverse of the situation noted among the first admission cases in which the males remain the longer time.

AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON
SEPTEMBER 30, 1934, BY AGE AT ADMISSION

Table 74 and Graph 8 give the average length of stay during the present admission of all first and readmissions in the resident population by age at admission. First admissions in the resident group who were admitted under the age of 19 years remained in the institution an average of 6.7 years, while readmissions in the resident group remained an average of 12.3 years. First admissions and readmissions admitted in the age group 20-29 years remained an average of 10.1 and 13.7 years, respectively. Those admitted between 30 and 39 years remained an average of 9.2 and 11.5 years, respectively. Those admitted between 40 and 49 years remained an average of 8.3 and 10.5 years, respectively. Those admitted between 50 and 59 years remained an average of 7.5 and 11.7 years, respectively. Those admitted between 60 and 69 years remained an average of 5.8 and 10.1 years, respectively. Those admitted between 70 and 79 years remained an average of 4.0 and 8.9 years, respectively. Those admitted 80 years and over remained an average of 3.0 and 13.7 years, respectively. It will be observed that the average length of residence for each age group is greater for readmissions in residence than for first admissions. This difference varies throughout the different age groups.

TABLE 74. — *Average Length of Hospital Stay during the Present Admission of First Admissions and Readmissions in Residence on September 30, 1934, by Age at Admission*

AGE AT ADMISSION	AVERAGE LENGTH OF HOSPITAL STAY		
	All Admissions	First Admissions	Readmissions
Under 19 years	7.5	6.7	12.3
20-29 years	11.7	10.1	13.7
30-39 years	10.5	9.2	11.5
40-49 years	8.3	7.5	8.9
50-59 years	5.8	5.1	6.5
60-69 years	4.0	3.6	4.7
70-79 years	2.2	2.0	3.0
80 years and over	3.0	3.0	3.0



GRAPH 8. — *Average Length of Hospital Stay of All Cases in Residence on September 30, 1934, by Age at Admission.*

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS, AND
PRESENT ADMISSION; ALL READMITTED CASES IN RESIDENCE

In Table 75 we analyze the readmissions in residence and study the length of hospital stay during the present admission together with the length of time spent in hospitals during previous admissions.

The average time in institutions during all admissions was 15.26 years. An average of 10.38 years, or 68.0 per cent of the total hospital residence was spent in hospitals during the present admission, and 4.88 years, or 32.0 per cent of the total hospital residence was spent in hospitals during *previous* admissions. The finding suggests that the early admissions of cases tending to be readmitted are of comparatively short duration in comparison with the later admissions. We observed the same situation in dealing with the deaths in that we noted that the final admission during which the patient died tended to be very much longer than all previous admissions combined.

In considering the average time in hospitals during the *present* admission, we note that the psychoses with the longest average time in residence are: psychoses due to new growth, 12.50 years; with convulsive disorders, 11.69 years; cases without psychoses, 11.66 years; dementia praecox, 11.45 years; psychoses due to drugs, 11.42 years; alcoholic psychoses, 10.44 years; and psychoses with mental deficiency, 10.25 years. The psychoses with organic changes of the nervous system, 4.75 years; cerebral arteriosclerosis, 3.54 years; and undiagnosed psychoses, 1.79 years remained the shortest time during the present admission. A sex difference is observed in that the females have been in residence three-fourths of a year longer, on the average, than the males; that is, 10.79 years as compared with 9.99 years.

In considering these readmissions in the light of the total time within institutions during *all* admissions, we observe that the longest period of hospital residence during all admissions, occurs in psychoses with mental deficiency, 17.44 years. The other psychoses in order of frequency are: without psychoses, 16.96 years; dementia praecox, 16.72 years; with convulsive disorders (epilepsy), 15.49 years; and alcoholic psychoses, 14.76 years. The psychoses showing the shortest total average length of stay are: psychoneuroses and neuroses, 7.45 years; undiagnosed psychoses, 7.07 years; with syphilitic meningo-encephalitis, 6.56 years; and cerebral arteriosclerosis, 6.34 years. In this group we observe a tendency for the female readmissions to average 1.30 years longer in institutions than males, 15.93 years as compared with 14.63 years.

ADMISSION AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

The total number of patients resident in mental hospitals on September 30, 1934, was 23,196. Twelve thousand and seventy-one of these resident cases, or approximately 52 per cent, were first admissions, while 11,125 or 48 per cent were readmissions (Table 76). This is in marked contrast to the admissions of any current year which are made up approximately of 80 per cent of first admissions and 20 per cent of readmissions.

The average age at admission for all cases in the resident population is 40.8 years for both sexes: 39.4 for the males and 42.3 for the females. When we compared the first admissions for the year 1934 we found that the females averaged 1.8 years older than the males. In the resident population we observe that the sex difference in admission age of first admissions is 2.9 years, the females again being the older.

The resident first admissions present 2,660 patients admitted between the ages 30-39 years. The admission age group 20-29 years is second with 2,499 patients.

The age group 40-49 years is third with 2,267 admitted. We note a sharp reduction in the numbers admitted in the following age groups. The average admission age for both sexes is 41.0 years: 39.6 years for the males and 42.4 years for the females. We see here a sex difference of 2.8 years, the females presenting a higher average age at admission.

Among the readmissions we note that the modal admission age again falls in the age group 30-39 years. The average admission age for both sexes for all

readmissions is 40.7 years: for males 39.1 years and for females 42.2 years. We notice here that the observed sex difference is 3.1 years. We note also that the average age at admission for readmissions is slightly less than the average age for first admissions in residence.

TABLE 75. — *Average Length of Hospital Stay during Previous Admissions and Present Admission: Readmitted Cases in Residence September 30, 1934, by Psychoses*

PSYCHOSES	TIME IN INSTITUTION DURING PREVIOUS ADMISSIONS			TIME IN INSTITUTION DURING PRESENT ADMISSION			TIME IN INSTITUTION DURING ALL ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1.55	2.12	1.64	4.49	7.17	4.92	6.04	9.29	6.56
With other forms of syphilis	2.08	3.91	2.66	4.68	7.32	5.52	6.76	11.23	8.18
With epidemic encephalitis	2.51	2.02	2.37	5.88	4.46	5.46	8.39	6.48	7.83
With other infectious diseases	2.47	.12	1.69	8.59	10.00	9.06	11.06	10.12	10.75
Alcoholic psychoses	4.24	4.67	4.32	10.13	11.76	10.44	14.37	16.43	14.76
Due to drugs, etc.	2.79	2.78	2.78	11.31	11.59	11.42	14.10	14.37	14.20
Traumatic psychoses	1.76	4.50	2.05	.75	21.25	8.97	2.51	25.75	11.02
With cerebral arteriosclerosis	2.86	2.75	2.80	3.08	3.97	3.54	5.94	6.72	6.34
With other disturbances of circulation	—	.25	.25	—	10.18	10.18	—	10.43	10.43
With convulsive disorders (epilepsy)	3.85	3.75	3.80	9.96	13.75	11.69	13.81	17.50	15.49
Senile psychoses	2.54	1.74	2.04	3.68	6.76	5.58	6.22	8.50	7.62
Involuntary psychoses	2.02	2.62	2.41	3.73	8.49	6.85	5.75	11.11	9.26
Due to other metabolic diseases, etc.	3.25	1.89	2.16	11.80	5.60	6.84	15.05	7.49	9.00
Due to new growth	1.50	—	1.50	12.50	—	12.50	14.00	—	14.00
With organic changes of nervous system	2.50	3.64	3.01	4.68	4.83	4.75	7.18	8.47	7.76
Psychoneuroses	2.73	2.63	2.67	4.41	4.97	4.78	7.14	7.60	7.45
Manic-depressive psychoses	2.93	3.58	3.33	6.97	7.95	7.58	9.90	11.53	10.91
Dementia praecox	4.96	5.56	5.27	11.03	11.88	11.45	15.99	17.44	16.72
Paranoia and paranoid conditions	4.13	3.11	3.45	8.76	8.97	8.90	12.89	12.08	12.35
With psychopathic personality	2.71	4.00	3.29	6.89	5.60	6.31	9.60	9.60	9.60
With mental deficiency	7.32	7.04	7.19	10.78	9.72	10.25	18.10	16.76	17.44
Undiagnosed psychoses	4.93	5.58	5.28	1.72	1.85	1.79	6.65	7.43	7.07
Without psychoses	4.61	6.43	5.30	11.96	11.17	11.66	16.57	17.60	16.96
Primary behavior disorders	—	—	—	—	—	—	—	—	—
Total	4.64	5.14	4.88	9.99	10.79	10.38	14.63	15.93	15.26

(See Tables 207 and 208 for detail).

TABLE 76. — *Admission Ages of First Admissions and Readmissions in the Resident Population September 30, 1934*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	786	636	1,422	666	543	1,209	120	93	213
20-29 years	2,693	1,831	4,524	1,490	1,009	2,499	1,203	822	2,025
30-39 years	3,386	2,822	6,208	1,413	1,247	2,660	1,973	1,575	3,548
40-49 years	2,444	2,690	5,134	1,136	1,131	2,267	1,308	1,559	2,867
50-59 years	1,472	1,863	3,335	767	874	1,641	705	989	1,694
60-69 years	780	879	1,659	516	515	1,031	264	364	628
70-79 years	320	410	730	258	336	594	62	74	136
80 yrs. and over	76	108	184	72	98	170	4	10	14
Total	11,957	11,239	23,196	6,318	5,753	12,071	5,639	5,486	11,125
Average Admission Age	39.4	42.3	40.8	39.6	42.4	41.0	39.1	42.2	40.7

(See Tables 197 and 198 for detail).

PRESENT AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

Table 77 shows the *present* age distribution of first and readmissions in the resident population of our mental hospitals on September 30, 1934. Here it will be observed that the average present age of all cases is 49.5 years, or 8.7 years higher than the average age at admission, 40.8 years. The average present age of females is 3.4 years more than that of males, 51.2 years as against 47.8 years. However, the average age at admission was likewise nearly three years later for females.

The average present age of first admissions in the resident population is 48.3 years, while that of the readmissions is 50.7 years. Although the average *admission* age of readmissions was less than that of first admissions (Table 76) we note here that the situation is reversed and the average *present* age of readmissions is higher than that of first admissions. It is evident that readmissions not only come into mental hospitals at earlier ages, but they remain in residence for a longer period than do the first admissions.

TABLE 77. — *Present Ages of First Admissions and Readmissions in the Resident Population September 30, 1934*

PRESENT AGE	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	326	290	616	301	266	567	25	24	49
20-29 years	1,084	792	1,876	806	562	1,368	278	230	508
30-39 years	2,372	1,679	4,051	1,147	940	2,087	1,225	739	1,964
40-49 years	3,052	2,545	5,597	1,316	1,195	2,511	1,736	1,350	3,086
50-59 years	2,492	2,577	5,069	1,271	1,122	2,393	1,221	1,455	2,676
60-69 years	1,679	1,980	3,659	898	878	1,776	781	1,102	1,883
70-79 years	790	1,080	1,870	456	591	1,047	334	489	823
80 yrs. and over	162	296	458	123	199	322	39	97	136
Total	11,957	11,239	23,196	6,318	5,753	12,071	5,639	5,486	11,125
Aver. Present Age	47.8	51.2	49.5	47.1	49.6	48.3	48.7	52.7	50.7

(See Tables 199 and 200 for detail).

TABLE 78. — *Average Admission Age and Average Present Age of Resident Population on September 30, 1934; First Admissions and Readmissions, by Psychoses*

PSYCHOSES	FIRST ADMISSIONS			READMISSIONS		
	Number	Average Admission Age	Average Present Age	Number	Average Admission Age	Average Present Age
With syphilitic meningo-encephalitis	428	43.6	47.4	255	42.2	46.4
With other forms of syphilis	79	44.7	49.5	41	45.7	50.3
With epidemic encephalitis	61	30.0	33.3	31	33.5	38.3
With other infectious diseases	13	37.4	40.5	6	40.0	46.6
Alcoholic psychoses	778	47.3	56.0	553	48.3	58.4
Due to drugs, etc.	10	52.0	57.3	10	43.0	54.0
Traumatic psychoses	46	45.4	51.2	19	45.5	54.4
With cerebral arteriosclerosis	929	67.9	70.4	162	66.0	69.3
With other disturbances of circulation	25	55.0	59.8	4	42.5	—
With convulsive disorders (epilepsy)	645	34.3	46.4	278	38.7	52.5
Senile psychoses	509	72.3	76.0	76	68.3	73.5
Involuntional psychoses	329	53.0	57.1	136	54.4	61.5
Due to other metabolic diseases, etc.	80	47.2	50.5	25	46.6	52.6
Due to new growth	3	31.6	35.0	1	45.0	55.0
With organic changes of nervous system	123	42.8	46.6	57	40.7	45.0
Psychoneuroses	83	41.6	44.0	46	42.1	46.6
Manic-depressive psychoses	827	42.7	47.1	969	46.6	53.6
Dementia praecox	4,774	35.0	45.1	7,139	38.4	49.6
Paranoia and paranoid conditions	344	49.8	56.1	193	51.8	60.7
With psychopathic personality	107	37.9	49.9	74	37.4	44.0
With mental deficiency	870	34.1	42.5	868	36.8	47.0
Undiagnosed psychoses	17	35.1	41.1	48	43.5	44.7
Without psychoses	986	23.2	29.0	134	32.8	43.6
Primary behavior disorders	5	30.2	30.2	—	—	—
Total	12,071	41.0	48.3	11,125	40.7	50.7

(See Tables 193 and 195 for detail).

ADMISSION AGE AND PRESENT AGE OF RESIDENT POPULATION,
SEPTEMBER 30, 1934, BY FIRST AND READMISSIONS AND PSYCHOSES

In Table 78 we divide the resident population into first and readmissions, and show the average age at admission and the average present age for the various psychoses. The 12,071 first admissions in residence show an average admission age of 41.0 years, their average present age being 48.3 years. The 11,125 readmissions in residence show an average admission age of 40.7 years, and an average present age of 50.7 years. The first admissions in residence have a difference of 7.3 years between the admission age and the present age. The readmissions in residence have a difference of 10.0 years between their admission and present ages. Thus, we observe that the readmissions have remained nearly three years longer than the first admissions.

The 4,774 first admissions in residence with a diagnosis of dementia praecox reveal an admission age of 35.0 years and a present age of 45.1 years. The 7,139 readmissions in the dementia praecox group show an average admission age of 38.4 years, and a present age of 49.6 years. The group second in importance numerically, the manic-depressive psychoses, show that the 827 first admissions had an average admission age of 42.7 years, and an average present age of 47.1 years. The 969 manic-depressive readmissions in residence show an average admission age of 46.6 years, and a present age of 53.6 years. The third group in numerical importance, psychoses with mental deficiency, shows that the 870 first admissions have an average admission age of 34.1 years, and an average present age of 42.5 years. The 868 readmissions in this group show an average admission age of 36.8 years, and an average present age of 47.0 years.

COLOR IN PATIENTS RESIDENT IN MENTAL HOSPITALS, SEPTEMBER 30, 1934

Table 78(a) refers to the color of cases in residence in mental hospitals. The percentage distributions allow us to compare the occurrence of certain psychoses in the different color groups.

In the group with syphilitic meningo-encephalitis we observe an occurrence of 2.8 per cent in the whites, 4.3 per cent in the blacks and 9.9 per cent in the mulattoes. In the group other forms of syphilis we observe a similar situation, .4 per cent in the whites, 2.08 per cent in the blacks and 2.7 per cent in the mulattoes. In the alcoholic psychoses the whites show 5.7 per cent, the blacks 6.9 per cent and the mulattoes 2.7 per cent. It appears that the blacks are more susceptible and the mulattoes less susceptible to alcoholic psychoses than are the whites. In the manic-depressive group the whites show an occurrence of 7.7 per cent, the blacks 6.2 per cent and the mulattoes 10.8 per cent. Here the blacks seem less susceptible but the mulattoes more susceptible than the whites to this particular psychosis. In dementia praecox the occurrence among the whites is 51.3, among the blacks 50.8 per cent and among the mulattoes 50.4 per cent.

The yellow races show higher percentages than the whites in both of the clinical groups involving syphilis although the number of cases concerned was very small. They are also higher than the whites in the groups with cerebral arteriosclerosis and the senile psychoses. They also show a slightly higher percentage in dementia praecox and a remarkably higher proportion in psychoses with mental deficiency. We observe that the mulattoes and blacks together present a total of 544 cases. This is 2.3 per cent of the resident population of all mental hospitals. The colored population in Massachusetts in accordance with the 1930 Census is 2.1 per cent.

COMPARISON BETWEEN COUNTRY OF BIRTH OF FIRST COURT ADMISSIONS,
1934, AND RESIDENT POPULATION ON SEPTEMBER 30, 1934

Table 79 shows us the country of birth of patients, outlining the rates per 100,000 of the same country of birth in accordance with the 1930 census of the State of Massachusetts. It gives a comparison between court first admissions during 1934 and all cases in residence on September 30, 1934. In this table we have arranged the countries in order of frequency of the admission rates for first admissions during the year 1934. We observe that Austria leads this list as a country of birth with 398 patients from this country being admitted to mental hospitals during 1934 per 100,000 of the State population born in Austria in accordance

TABLE 78A. — Color in Cases in Residence in Mental Hospitals on September 30, 1934, by Psychoses: Percentage Distribution

PSYCHOSES	TOTAL		WHITE		BLACK		MULATTO		YELLOW		OTHERS		UNKNOWN	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	683	2.94	652	2.88	19	4.39	11	9.91	1	3.85	—	—	—	—
With other forms of syphilis	120	.52	107	.47	9	2.08	3	2.70	1	3.85	—	—	—	—
With epidemic encephalitis	92	.40	91	.40	1	.23	—	—	—	—	—	—	—	—
With other infectious diseases	19	.08	18	.08	1	.23	—	—	—	—	—	—	—	—
Alcoholic psychoses	1,331	5.73	1,298	5.74	30	6.93	3	2.70	—	—	—	—	—	—
Due to drugs, etc.	20	.09	19	.08	1	.23	—	—	—	—	—	—	—	—
Traumatic psychoses	65	.28	65	.29	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	1,091	4.70	1,060	4.69	28	6.47	1	.90	2	7.69	—	—	—	—
With other disturbances of circulation	29	.13	29	.13	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	923	3.98	909	4.02	10	2.31	4	3.60	—	—	—	—	—	—
Senile psychoses	585	2.52	571	2.53	8	1.85	4	3.60	2	7.69	—	—	—	—
With convulsive disorders (epilepsy)	465	2.00	462	2.04	1	.23	2	1.80	—	—	—	—	—	—
Involutional psychoses	105	.45	103	.46	2	.46	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	4	.02	3	.01	1	.23	—	—	—	—	—	—	—	—
Due to new growth	180	.78	178	.79	2	.46	—	—	—	—	—	—	—	—
With organic changes of nervous system	129	.56	129	.51	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	1,796	7.74	1,753	7.76	27	6.24	12	10.82	2	7.69	2	10.00	—	—
Manic-depressive psychoses	11,913	51.36	11,604	51.34	220	50.81	56	50.46	14	53.85	16	80.00	3	75.00
Dementia praecox	537	2.32	522	2.31	14	3.23	1	.90	—	—	—	—	—	—
Paranoia and paranoid conditions	181	.78	173	.77	6	1.39	1	.90	—	—	—	—	—	—
With psychopathic personality	1,738	7.49	1,695	7.50	34	7.85	4	3.60	4	15.38	1	5.00	1	25.00
With mental deficiency	65	.28	63	.28	1	.23	—	—	—	—	—	—	—	—
Undiagnosed psychoses	1,120	4.83	1,093	4.84	18	4.15	9	8.11	—	—	—	—	—	—
Without psychoses	5	.02	5	.02	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	23,196	100.0	22,602	100.0	433	100.0	111	100.0	26	100.0	20	100.0	4	100.0

(See Table 209 for detail).

with the census of 1930. Other countries in order are: Ireland, 156; Portugal, 152; and Germany, 150. The United States shows the lowest rate of 65, with Russia next in order with 85.

The same material for all patients in residence in mental hospitals at the end of the statistical year reveals that the order of countries has changed somewhat. Austria is still in first position with a rate of 4,172 patients in residence in mental hospitals on September 30, 1934 in accordance with their numbers in the State population of Massachusetts, 1930. There follow in order: Ireland, 1,196; Russia, 1,125; Finland, 1,116; and Germany, 949. In considering the rank order of these cases in the first admissions, 1934, and resident cases, we note that the only countries preserving the original order are: Austria (first position), and Ireland (second position). It will be observed that the lowest rate in the resident cases is shown in natives from Scotland, 452, while natives of the United States are next in order with a rate of 467.

TABLE 79. — *Country of Birth¹ of Patients in Court First Admissions, 1934, and in Resident Population September 30, 1934; Rates per 100,000 of State Population Same Country of Birth, 1930 Census*

COUNTRY OF BIRTH	RATES PER 100,000 STATE POPULATION SAME COUNTRY OF BIRTH			
	First Admissions, 1934	Order	Cases in Residence	Order
Austria	398.	1	4,172.	1
Ireland	156.	2	1,196.	2
Portugal	152.	3	829.	6
Germany	150.	4	949.	5
Finland	122.	5	1,116.	4
Sweden	114.	6	728.	8
England	105.	7	628.	10
Italy	99.	8	597.	11
Poland	99.	9	793.	7
Canada ²	97.	10	589.	12
Greece	89.	11	715.	9
Scotland	88.	12	452.	14
Russia	85.	13	1,125.	3
United States	65.	14	467.	13
All other countries	95.	—	712.	—
Total	76.	—	545.	—

(See Table 192 for detail).

¹Countries included in this table are those having one hundred or more patients in the resident population.

²Includes Newfoundland.

A comparison of this sort makes possible an investigation into the relative tendency of patients from certain countries to remain longer or shorter periods of time within our institutions. The first admissions to a certain degree register the frequency with which patients from these countries are withdrawn from the community and placed within mental hospitals. If we compare these rates with the rates for patients in residence in mental hospitals, we may receive suggestions in reference to the countries showing relatively higher or lower proportions in the resident population. In this discussion, however, it should be recalled that there are many other factors which may alter the discharge rate. Again there may be higher death rates among the patients born in certain countries. These factors might give us suggestions of retention of certain groups in the resident population which were not dependent upon the country of birth.

It should be recalled that these figures on nativity give us a much better picture for the individual foreign countries than they do in comparing these countries with the figures for the United States. The Census figures do not give the age distributions of these various nativity groups and, therefore, it is not possible to exclude the population under 15 years of age as is done in Table 21 and Graph I. Therefore, no deduction should be made from this table in comparing the rates for the United States with the rates of the different foreign countries.

COUNTY OF RESIDENCE: RESIDENT POPULATION, SEPTEMBER 30, 1934, AND
ALL ADMISSIONS DURING 1934

Table 80 and Graph 9 give the county of residence and the rate per 100,000 population of the same county for (1) all patients remaining *within institutions* on September 30, 1934; and (2) all patients *admitted* to all mental hospitals during the year 1934. Let us first consider the resident population in mental hospitals on September 30, 1934. Suffolk County has the highest figure with 714 persons in residence in mental hospitals on September 30, 1934 per 100,000 estimated population of that county for 1934. Hampshire follows with 583, and Hampden is third with 540. The following counties have the lowest rates for cases in residence: Norfolk, 355; Barnstable, 387; and Nantucket, 414. The total rate for all counties is 526 persons in mental hospitals per 100,000 of the State population.

In considering admissions we find the highest rate again for Suffolk County. Two hundred seventy-two persons per 100,000 of the estimated population of this county were admitted to our mental hospitals during the year 1934. Dukes and Plymouth are next in order with 159 persons per 100,000 population and 151 persons, respectively. The lowest rates for admissions are observed in Nantucket County, 48 persons, Berkshire County, 83 persons, and Barnstable County, 96 persons. The total admission rate for all counties is 163 persons per 100,000 of the State population.

Graph 9 presents the patients in residence in State hospitals for mental diseases on September 30, 1934 in rates per 100,000 of the population of the same county. This method displays graphically the counties having the largest proportional representations among our mental hospitals. As has been mentioned in the preceding paragraphs, Suffolk, Hampshire, Hampden, Plymouth, Berkshire and Franklin show the highest rates (over 500 per 100,000) for mental disease in State hospitals; and Dukes, Bristol, Essex, Worcester, Middlesex and Nantucket are in second position (between 400 and 499 persons).

If we attempt to explain the incidence of mental disease on a population concentration basis, we would expect to see this somewhat in evidence in counties containing cities with a population of over 100,000 persons, such as Springfield (Hampden County), Worcester (Worcester County), and Lynn (Essex County). However, we find that Suffolk County, containing the city of Boston, and Hampden County, containing the city of Springfield are the only counties conforming to this hypothesis. Hampshire is in second position, and yet this county contains

TABLE 80. — *County of Residence and Rates per 100,000 of (1) All Patients Remaining Within Institutions on September 30, 1934; (2) Patients Admitted to All Hospitals during the Year Ended September 30, 1934*

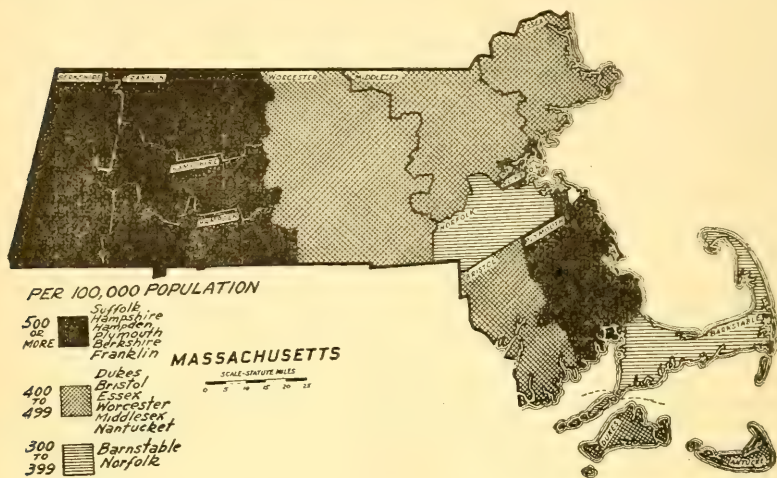
COUNTIES	CASES REMAINING WITHIN INSTITUTIONS			Rate per 100,000 Population Same County ¹	ALL ADMISSIONS DURING YEAR ²			Rate per 100,000 Population Same County
	M.	F.	T.		M.	F.	T.	
Suffolk	2,978	3,326	6,304	714.	1,262	1,146	2,408	272.
Hampshire	235	179	414	583.	53	40	93	131.
Hampden	900	951	1,851	540.	206	171	377	110.
Plymouth	483	362	845	525.	161	82	243	151.
Berkshire	323	290	613	509.	67	33	100	83.
Franklin	145	106	251	505.	38	29	67	135.
Dukes	11	14	25	497.	4	4	8	159.
Bristol	871	854	1,725	493.	215	149	364	104.
Essex	1,303	1,130	2,433	487.	409	250	659	132.
Worcester	1,269	1,070	2,339	474.	402	273	675	137.
Middlesex	1,986	2,163	4,149	417.	761	654	1,415	142.
Nantucket	10	7	17	414.	—	2	2	48.
Barnstable	61	72	133	387.	18	15	33	96.
Norfolk	563	609	1,172	355.	255	211	466	141.
Non-resident of State	616	94	710	—	217	57	274	—
Unknown	203	12	215	—	30	8	38	—
Total	11,957	11,239	23,196	526.	4,098	3,124	7,222	163.

(See Table 212 for detail on resident population).

¹Estimated population of each county, 1934.

²Exclusive of transfers, but includes first and readmissions under all legal forms.

but one city, and that has a population less than 25,000 (1930). Again we see that Nantucket shows a low relative incidence for mental disease. These conflicting results force us to turn to other factors than population concentration as a solution to the present situation in reference to mental disease in Massachusetts.



GRAPH 9. — PATIENTS IN RESIDENCE IN MENTAL HOSPITALS, 1934. RATES PER 100,000 POPULATION OF SAME COUNTY.

MENTALLY DEFICIENT

Section F. General Discussion of all Classes Under Care in State Schools for the Mentally Deficient, 1934

Section F is devoted to the general discussion of all classes of the mentally deficient under treatment in public and private schools for the year 1934.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT SEPTEMBER 30, 1934

Table 81 shows that the total number of mentally deficient patients in both public and private institutions at the end of the statistical year was 5,112 actually

TABLE 81. — *Number of Patients in Public and Private Schools for the Mentally Defective September 30, 1934, by School*

SCHOOLS	ACTUALLY IN THE INSTITUTIONS	ON THE BOOKS
State:		
Belchertown	1,283	1,392
Walter E. Fernald	1,829	1,962
Wrentham	1,821	2,056
Total	4,933	5,410
Division of Mental Deficiency		192
Private:		
Elm Hill	21	21
Mentally Defective in Hospital Cottages	95	95
Ring Sanatorium and Hospital, Inc.	—	—
Standish Manor	6	6
Perkins School of Adjustment	30	32
The Freer School	9	9
Clarke	18	19
Total	179	182
Total, all patients	5,112	5,784

NOTE: — In addition to the above, there were 1,825 cases on the books of mental hospitals on September 30, 1934 who were diagnosed as "psychoses with mental deficiency", and 1,013 diagnosed as "without psychosis — mental deficiency."

within the institutions, and 5,784 on the books of the various schools including 192 cases supervised by the Division of Mental Deficiency. The State schools had 4,933 patients actually within institutions, and 5,410 patients on the books. The Belchertown State School had a total of 1,283 actually within the institution and 1,392 on the books. The Walter E. Fernald State School had 1,829 patients actually within the institution and 1,962 on the books. The Wrentham State School had 1,821 actually within the institution and 2,056 on the books. One hundred and ninety-two mentally defective individuals were supervised by the Division of Mental Deficiency during the year. Seven private schools had 179 patients actually within institutions and 182 on the books at the end of the statistical year.

Comparing the figure of 5,112 actually within State institutions for 1934 with the figure of 4,946 for 1933, we observe an increase of 3 per cent. The rate per 100,000 of the estimated population for 1934 was 115.9 for patients actually within institutions; for the grand total of 5,784 patients it was 131.2. These rates do not accurately picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1934.

PATIENTS OUT OF STATE SCHOOLS ON SEPTEMBER 30, 1934

The number of patients "on visit", "on parole", and "on escape" from State schools in 1934 was 477, or 8.8 per cent of the total number of patients on the books. Table 82 reveals that of the total of 477 out of institutions at the end of the year, 142 or 29.8 per cent were "on visit", 247 or 51.8 per cent were "on parole", and 88 or 18.4 per cent were "on escape".

On September 30, 1934, the Belchertown State School had 26 patients or 1.8 per cent of its total population out "on visit"; 63 patients or 4.5 per cent were out "on parole"; and 20 patients or 1.4 per cent were "on escape", making a

total of 109 patients or 7.8 per cent of the cases on the books who were out of the institution at the end of the year. The Walter E. Fernald State School had 57 patients or 2.9 per cent of its total population "on visit"; 70 patients or 3.5 per cent "on parole"; and 6 patients or .3 per cent "on escape", making a total of 133 patients, or 6.7 per cent of cases on the books who were out of the institution on September 30, 1934. The Wrentham State School had 59 patients or 2.8 per cent of its total population "on visit"; 114 patients or 5.5 per cent "on parole";

TABLE 82. — *Number of Patients "On Visit", "On Parole", and "On Escape" from State Schools on September 30, 1934, by School*

STATE SCHOOLS	Number on Books	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL	
		Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent
Belchertown	1,392	26	1.8	63	4.5	20	1.4	109	7.8
Walter E. Fernald	1,962	57	2.9	70	3.5	6	.3	133	6.7
Wrentham	2,056	59	2.8	114	5.5	62	3.0	235	11.4
Total	5,410	142	2.6	247	4.5	88	1.6	477	8.8

TABLE 83. — *Number of Visits During the Year 1934, by State School and Sex: Rates per 1,000 Daily Average Population on Books*

SCHOOLS	DAILY AVERAGE POPULATION			NUMBER OF VISITS DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	576.9	797.6	1,374.5	128	173	301	221.8	216.9	218.9
W. E. Fernald	1,125.0	832.0	1,957.0	305	224	529	271.1	269.2	270.3
Wrentham	859.9	1,142.5	2,002.4	233	248	481	270.9	217.0	240.2
Total	2,561.8	2,772.1	5,333.9	666	645	1,311	259.9	232.6	245.7

and 62 or 3.0 per cent "on escape", making a total of 235 patients or 11.4 per cent out of the institution at the end of the statistical year.

Patients "on visit" are those absent from the State schools for a definite period of time, while patients "on parole" are permitted to leave under supervision for an indefinite period, the length of this period being dependent upon their behavior in the community. Both groups are considered as remaining on the books of the institution and are under the control of the school until discharged.

Table 83 outlines the total number of visits from state schools during the year 1934. The Walter E. Fernald State School shows the highest rate of 270 visits per thousand daily average population on the books. Wrentham is second with a rate of 240, and Belchertown third with a rate of 218. More males go out on visit than females as is shown in the rate for the males of 259 as against 232 for the females. In Wrentham particularly do the males have the greatest opportunities for going out on visit, the rates being 270 as opposed to a rate of 217 for the females.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT", "ON PAROLE" AND "ON ESCAPE" FROM STATE SCHOOLS, 1910-1934

Table 84 shows that the lowest percentage of patients "on visit" and "on parole" was 4.8 per cent and occurred in 1910. There was a gradual increase in the percentage over the following years until the high percentage of 13.7 per cent was reached in 1924. Since that time there has been a steady decline. Since the year 1928 it has been possible to differentiate the cases "on visit", "on parole" and "on escape". It will be noted that the percentage "on visit" has shown a tendency to increase during the last two years. The same is true for the percentages "on parole". The percentage of patients "on escape" at the end of each statis-

tical year varied from the low figure of .4 per cent in 1910 to the high point of 2.8 per cent in 1919. There has not been much variation over the last six years.

TABLE 84. — *Number and Percentage of Patients "On Visit", "On Parole", and "On Escape" from State Schools September 30, 1910-1934, inclusive*

YEAR	Number on the Books	Number on Visit and Parole	Percent	Number on Visit	Percent	Number on Parole	Percent	Number on Escape	Percent
1910	1,654	80	4.8	—	—	—	—	7	.4
1911	1,772	115	6.4	—	—	—	—	15	.8
1912	1,985	130	6.5	—	—	—	—	10	.5
1913	2,049	104	5.0	—	—	—	—	23	1.1
1914	2,366	157	6.6	—	—	—	—	15	.6
1915	2,471	134	5.4	—	—	—	—	28	1.1
1916	2,873	237	8.2	—	—	—	—	54	1.8
1917	2,947	222	7.5	—	—	—	—	52	1.7
1918	3,115	305	9.8	—	—	—	—	47	1.5
1919	3,219	387	12.0	—	—	—	—	93	2.8
1920	3,163	290	9.1	—	—	—	—	53	1.6
1921	3,375	376	11.1	—	—	—	—	58	1.7
1922	3,315	401	12.1	—	—	—	—	65	1.9
1923	3,762	463	12.3	—	—	—	—	60	1.5
1924	4,075	560	13.7	—	—	—	—	55	1.3
1925	4,125	488	11.8	—	—	—	—	44	1.0
1926	4,145	429	10.3	—	—	—	—	56	1.3
1927	4,162	332	7.9	—	—	—	—	70	1.6
1928	4,304	—	—	109	2.5	216	5.0	67	1.5
1929	4,363	—	—	108	2.5	231	5.3	83	1.9
1930	4,557	—	—	111	2.4	218	4.7	69	1.5
1931	4,815	—	—	107	2.2	203	4.2	93	1.9
1932	4,957	—	—	91	1.8	205	4.1	95	1.9
1933	5,202	—	—	110	2.1	233	4.4	88	1.6
1934	5,410	—	—	142	2.6	247	4.5	88	1.6

TABLE 85. — *All Admissions to Schools for the Mentally Defective from the Community*¹

YEAR	TOTAL	WALTER E. FERNALD	WRENTHAM	BELCHERTOWN
1904	100	100	—	—
1905	282	282	—	—
1906	187	187	—	—
1907	215	215	—	—
1908	273	273	—	—
1909	275	275	—	—
1910	377	250	127	—
1911	266	188	78	—
1912	361	190	171	—
1913	228	192	36	—
1914	468	228	240	—
1915	322	231	91	—
1916	667	185	482	—
1917	363	195	168	—
1918	418	190	228	—
1919	372	230	142	—
1920	356	220	136	—
1921	414	176	238	—
1922	283	174	109	—
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
1931	461	88	171	202
1932	369	109	141	119
1933	478	183	219	76
1934	471	157	213	101
Total	11,468	5,936	4,189	1,343

¹Transfers not included.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE, 1904-1934, INCLUSIVE

Table 85 gives the total number of cases who entered the State schools during each year, 1904-1934 inclusive. This table includes all first admissions and all readmissions, irrespective of the legal form of admission. It does not include transfers, however. Considering the Walter E. Fernald State School alone, we observe that the largest number of cases were admitted in 1905, 1909 and 1923 with 282, 275 and 323 admissions, respectively. Wrentham State School admitted the most cases in 1916, 482 patients. The next years in order were 1914, 240 admissions, and 1921, 238 admissions. Belchertown State School admitted the greatest number in 1931, 202 cases and the fewest in 1929, 54 cases.

Considering the totals for the three schools, we observe that the largest number of cases were admitted in 1916, with 667 cases, and in 1923 with 586 cases. Observing particularly the period from 1923 onward, during which each of the three State schools were receiving patients, we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. During 1930 and 1931, however, there was a large increase in the number of admissions, this being largely due to the increase of patients at the Belchertown State School. The year 1932 showed a decrease in admissions, 369 cases as against 461 in 1931. This decrease is most evident at the Wrentham and Belchertown State Schools. The year 1933 showed a decided increase in admissions to 478. The figure for 1934 remained approximately the same as that for the previous year.

During the entire 31 year period a total of 11,468 cases were admitted to all State schools. Five thousand, nine hundred and thirty-six cases were admitted to the Walter E. Fernald State School, or an average of 191.4 admissions per year. During the last 25 years, 4,189 cases have been admitted to the Wrentham State School, or an average of 167.5 admissions per year. Over the 12-year period 1923-1934, a total of 1,343 patients were admitted to the Belchertown State School, or an average of 111.9 admissions per year. As the present capacities of both Wrentham and Belchertown are smaller than the capacity of the Walter E. Fernald State School, this necessarily limits their admission averages.

ALL ADMISSIONS TO STATE SCHOOLS, 1904-1934, INCLUSIVE, AND RATIO PER 100,000 OF THE POPULATION

Table 86 shows the total number of admissions to State schools for the years 1904-1934, inclusive, by sex, and the rate of admissions per 100,000 of the general population for each year. In general, we may say that the rate has been higher during the latter years when compared with the earlier years of this period. Thus, the rate for the years 1904-1908 is approximately 6. The rate for the years 1926-1934 is approximately 9. The number of admissions is somewhat dependent upon the available accommodation. It will be noted that the years 1923-1925, inclusive, are quite high, this being due to the opening of the Belchertown State School. The rate of 10 admissions per 100,000 of the population for 1930 and 1931 is a decided increase over the rate of 7 for 1929. There was a drop in 1932 to a rate of 8. This rose during 1933 and 1934, however, to a rate of 10. It is interesting to observe that the rates for males are higher than the rates for females in all but 7 years of this period.

CASES IN RESIDENCE IN STATE SCHOOLS, 1904-1934

Table 87 reveals the number of patients in residence in State schools and the rates per 100,000 of the population for the years 1904-1934, by sex. In this table we observe a gradual but steady increase from a rate of 27 patients in residence per 100,000 of the population in 1904, to a rate of 111 in the year 1934. This table demonstrates very strikingly the increasing burden upon the State for the care of the mental defective. Since 1904 the rate for patients in residence has more than quadrupled itself. From 1904 to 1921, inclusive, the males showed higher rates for patients in residence. From 1922, onward, however, there has been a fairly even balance preserved between the sexes. In other words, the female mental defective has become more of a problem and has required more institutional provision since 1922 than in the years preceding. During the last four years the rates for the females have exceeded those of the males.

TABLE 86. — *Number of Patients Admitted to State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1934 inclusive*

YEAR	NUMBER OF ADMISSIONS ¹			NUMBER OF ADMISSIONS PER 100,000 POPULATION ²		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.
1931	211	250	461	10.	11.	10.
1932	166	203	369	8.	9.	8.
1933	260	218	478	12.	9.	10.
1934	227	244	471	10.	10.	10.

¹Does not include transfers.²Population estimated for each intercensal year.TABLE 87. — *Number of Patients in Residence in State Schools for Mental Defectives on September 30 of each year, 1904-1934 inclusive: Rates per 100,000 Population*

YEAR	RESIDENT PATIENTS IN STATE SCHOOLS			RATES PER 100,000 POPULATION		
	M.	F.	T.	M.	F.	T.
1904	513	334	847	34.	21.	27.
1905	617	411	1,028	40.	26.	33.
1906	668	452	1,120	43.	28.	35.
1907	713	515	1,228	45.	31.	38.
1908	793	539	1,332	49.	32.	40.
1909	856	587	1,443	52.	34.	43.
1910	915	652	1,567	55.	38.	46.
1911	968	674	1,642	57.	38.	48.
1912	1,049	796	1,845	61.	45.	53.
1913	1,091	829	1,920	63.	46.	54.
1914	1,227	967	2,194	70.	53.	61.
1915	1,292	1,016	2,308	72.	55.	63.
1916	1,376	1,206	2,582	76.	64.	70.
1917	1,419	1,254	2,673	77.	66.	72.
1918	1,431	1,332	2,763	77.	69.	73.
1919	1,432	1,307	2,739	76.	67.	71.
1920	1,452	1,368	2,820	76.	69.	73.
1921	1,466	1,475	2,941	76.	74.	75.
1922	1,389	1,460	2,849	72.	72.	72.
1923	1,592	1,647	3,239	81.	81.	81.
1924	1,699	1,761	3,460	86.	85.	86.
1925	1,746	1,847	3,593	88.	89.	88.
1926	1,796	1,864	3,660	89.	89.	89.
1927	1,852	1,935	3,787	91.	91.	91.
1928	1,956	1,956	3,912	95.	91.	93.
1929	1,980	1,961	3,941	96.	90.	93.
1930	2,050	2,109	4,159	98.	96.	97.
1931	2,135	2,277	4,412	103.	104.	103.
1932	2,205	2,361	4,566	106.	108.	107.
1933	2,316	2,455	4,771	108.	109.	109.
1934	2,375	2,558	4,933	110.	112.	111.

Section G. Admissions to State Schools for the Mentally Deficient During 1934

The following section discusses various factors in connection with all admissions to the three State schools for the mentally defective for the year October 1, 1933, to September 30, 1934, inclusive.

LEGAL STATUS OF ALL FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1934

Table 88 reveals that a total of 482 admissions were received at the three State schools during the year; 206 or 43 per cent of cases were admitted under regular commitment; 264 or 55 per cent were admitted on the voluntary or "school" status; 1 case or .2 per cent were admitted as observation cases; and 11 or 2 per cent were admitted by transfer. It will be observed that the first admissions comprise by far the larger proportion of admissions to the State schools. During 1934 there were 451 or 94 per cent of these as against 31 or 6 per cent of readmissions.

TABLE 88. — *Legal Status of All Admissions to State Schools, 1934*

CASES ADMITTED DURING YEAR	TOTAL			COURT			VOLUNTARY			OBSERVATION			TRANSFERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions . . .	215	236	451	97	100	197	117	136	253	1	—	1	—	—	—
Readmissions . . .	14	17	31	4	5	9	8	3	11	—	—	—	2	9	11
Total . . .	229	253	482	101	105	206	125	139	264	1	—	1	2	9	11

MENTAL STATUS OF ALL ADMISSIONS, 1934

Table 89 outlines the mental status of first admissions and readmissions for the year 1934. The idiots make up 12 per cent, imbeciles 39 per cent, morons 42 per cent, and not mentally defective 5 per cent of first admissions. Among the readmissions we find that the percentage is much less for the idiots, 5 per cent, higher for the imbeciles with 45 per cent, lower for the morons with 40 per cent, and higher for the group not mentally defective, 10 per cent. Imbeciles apparently tend to be readmitted more than either idiots or morons.

For the sexes, the first admissions show larger proportions of idiots and imbeciles in the females, while the males show greater proportions in the morons and in

TABLE 89. — *Mental Status of First Admissions and Readmissions to State Schools 1934: Number and Percent*

MENTAL STATUS	FIRST ADMISSIONS						READMISSIONS					
	NUMBER			PERCENT			NUMBER			PERCENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	26	32	58	12.1	13.6	12.9	—	1	1	—	12.5	5.0
Imbecile	81	95	176	37.7	40.3	39.0	7	2	9	58.3	25.0	45.0
Moron	94	99	193	43.7	41.9	42.8	3	5	8	25.0	62.5	40.0
Not Mentally Defective	14	10	24	6.5	4.2	5.3	2	—	2	16.7	—	10.0
Total	215	236	451	100.0	100.0	100.0	12	8	20	100.0	100.0	100.0

(See Table 216 for detail).

Idiot, I. Q. 0-19; Imbecile, I. Q. 20-49; Moron, I. Q. 50-69; Not Mentally Defective, I. Q. 70 or over.

the group not mentally defective. The small numbers in the readmissions hardly merit a discussion of the sex differences. It is of interest to observe that in the first admissions the females, with 236 cases, exceed the males, with 215 cases. Among the readmissions, however, the males show a total of 12 and the females a smaller total of 8.

FIRST AND READMISSIONS, BY SCHOOL, 1934

Of the total 471 admissions, 451 or 95.8 per cent were first admissions, and 20 or 4.2 per cent were readmissions (Table 90). Belchertown State School contributed 101 admissions of which 99 or 98.1 per cent were first admissions, and 2 or 1.9 per cent were readmissions. The Walter E. Fernald State School contributed 157 admissions, 149 or 94.9 per cent of which were first admissions and 8 or 5.1 per cent were readmissions. The Wrentham State School presented 213 admissions, 203 or 95.3 per cent first admissions and 10 or 4.7 per cent readmissions.

TABLE 90. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1934, by School*

STATE SCHOOLS	TOTAL ADMISSIONS	FIRST ADMISSIONS		READMISSIONS	
		Number	Percent	Number	Percent
Belchertown	101	99	98.1	2	1.9
Walter E. Fernald	157	149	94.9	8	5.1
Wrentham	213	203	95.3	10	4.7
Total	471	451	95.8	20	4.2

AVERAGE AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1934

Table 91 presents the average ages of first admissions and readmissions by mental status. The average admission age of all first admissions was 11.8 years, 11.3 years for the males and 12.3 years for the females. Evidently mental deficiency in boys means earlier community difficulties and a younger admission age. Among the readmissions the same fact is observed with an average admission age of 17.9 for the males and 19.3 for the females. Among the first admissions, the idiots show the low average admission age of 8.6 years. The imbeciles are next with an admission age of 11.4 years, and the morons have the highest average admission age of 13.1 years. The fact that the group not mentally defective show a lower average age than the morons may be discarded because of the small number of cases involved. In the sexes the idiots are the only group in which the males show a higher admission age, 9.0 years, than the females, 8.4 years. In the imbeciles there is very little difference in ages, but in the morons the females are nearly three years older. These averages are presented graphically in Graph 10. Among the readmissions the idiots show the lowest average age of 12.5 years, the imbeciles 19.1 years, and the morons 18.7 years. In both the imbecile and moron groups the females show the higher average age. This difference is nearly five years in the case of the morons.

TABLE 91. — *Average Ages of First Admissions and Readmissions to State Schools during 1934, by Mental Status and Sex*

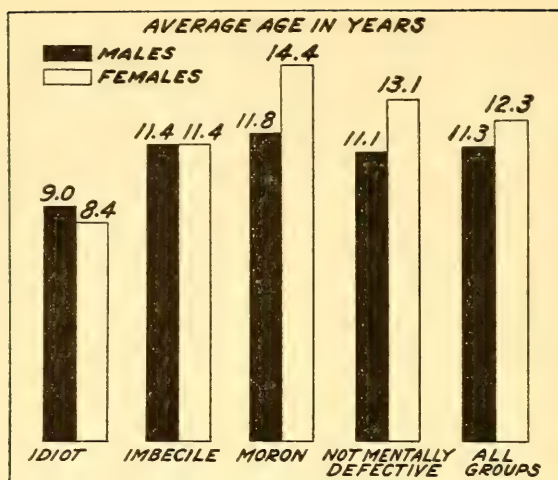
MENTAL STATUS	FIRST ADMISSIONS AVERAGE AGE			READMISSIONS AVERAGE AGE		
	M.	F.	T.	M.	F.	T.
Idiot	9.00	8.43	8.68	—	12.50	12.50
Imbecile	11.45	11.46	11.46	18.92	20.00	19.16
Moron	11.84	14.43	13.17	15.83	20.50	18.75
Not Mentally Defective	11.14	13.10	11.95	17.50	—	17.50
Total	11.30	12.37	11.86	17.91	19.37	18.50

(See Table 216 for detail).

AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1934;

RATES PER 100,000 STATE POPULATION, SAME AGE GROUPS

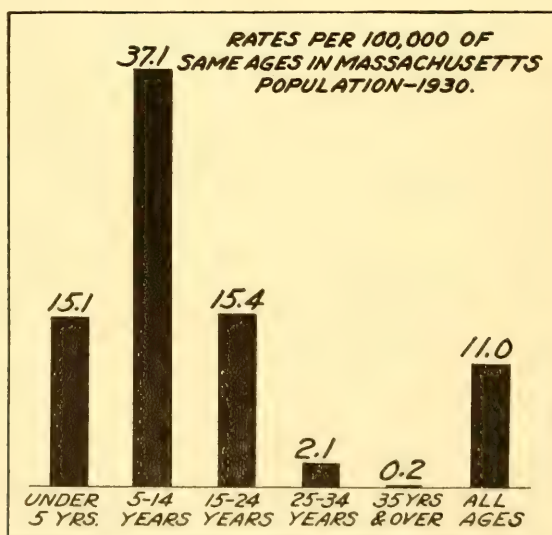
Table 92 and Graph 11 show the rates of admission for specific age groups in terms of the same age groups in the general population, 1930 census. It presents a fairly accurate picture of the ages at which the urgency for admission to State schools is the greatest.



GRAPH 10. — AVERAGE AGE OF FIRST ADMISSIONS TO STATE SCHOOLS 1934, BY MENTAL STATUS AND SEX

TABLE 92. — Ages of First Admissions and Readmissions to State Schools, 1934, Rates per 100,000 of Same Ages in Massachusetts Population, 1930 Census

AGE GROUPS	TOTAL ADMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	Number	Rate	Number	Rate	Number	Rate
Under 5 years . . .	53	15.1	53	15.1	—	—
5-14 years . . .	289	37.1	279	35.8	10	1.2
15-24 years . . .	110	15.4	105	14.7	5	.7
25-34 years . . .	14	2.1	11	1.7	3	.4
35 years and over . . .	5	.2	3	.1	2	.1
Total . . .	471	11.0	451	10.6	20	.4



GRAPH 11. — AGES OF ADMISSIONS TO STATE SCHOOLS, 1934, RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS POPULATION 1930

The highest rate falls in the age group 5-14 years, with 37.1 children admitted per 100,000 of the same age group in the Massachusetts population. The group 15-24 years is next with 15.4 persons, and the group under five years is third with 15.1 persons. The rate for all admissions is 11.0; for first admissions 10.6; and for readmissions .4. These rates are not true measures of the incidence of mental defect but simply present the annual rate of withdrawal of mental defectives from the community within the State of Massachusetts. Admissions to state schools are dependent upon so many differing factors that these rates cannot be considered as an active measure of incidence.

POPULATION OF PLACE OF RESIDENCE OF FIRST ADMISSIONS, 1934

Table 93 shows the rates per 100,000 of mental defectives admitted from the various population units in Massachusetts. It also shows the numbers of the State population falling within each of the population groups. It will be noted that the villages show the highest rate, with 18.5 mental defectives admitted per each 100,000 of that population unit. The larger cities, with populations 100,000-249,999 are next in order with 12.3 admissions per 100,000. The population unit 2,500-9,999 is third with a rate of 12.1; the population group 250,000 plus, fourth with a rate of 10.4; and the population group 10,000-24,999 fifth with a rate of 9.6 per 100,000 of the population. The lowest rate is seen in the intermediate population group, 25,000-49,999, with a rate of 8.8 admissions per 100,000 of the population of that unit.

TABLE 93. — *Population of Place of Residence of All Admissions to State Schools, 1934, and Rates per 100,000 of Same Population Units, 1930 Census*

POPULATION UNIT	POPULATION IN EACH UNIT, 1930 CENSUS	TOTAL ADMISSIONS	RATE PER 100,000
0- 2,499	199,957	37	18.5
2,500- 9,999	544,976	66	12.1
10,000- 24,999	693,428	67	9.6
25,000- 49,999	576,467	51	8.8
50,000- 99,999	460,411	44	9.5
100,000-249,999	993,187	123	12.3
250,000 plus	781,188	82	10.4
Unknown	—	1	—
Total	4,249,614	471	11.0

(See Table 218 for detail).

Evidently, then, the most favorable population group from the standpoint of admissions to State schools is the intermediate population unit. The most unfavorable population groups are the villages and the larger cities.

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1934, BY MENTAL STATUS

Table 94 shows that the largest proportion of first admissions, 63.6 per cent, belong in the marginal economic class; 33.7 per cent are found in the dependent group; and 2.5 per cent in the comfortable class. Of the mental status groups, the idiots have the smallest proportion in the dependent class, 27.6 per cent. Imbeciles have the largest proportion in the marginal class, 69.9 per cent. It is observed that 72.4 per cent of idiots, 72.2 per cent of imbeciles, 58.6 per cent of morons and 66.7 per cent of cases not mentally defective belonged in the marginal and comfortable classes.

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1934, BY NATIVITY AND PARENTAGE

Table 95 shows that the foreign born have a high average admission age, 17.0 years. The native-born have an average admission age of 11.7 years. When we consider the parentage of the native-born, we observe that the highest average admission age occurs in the native-born of foreign parentage, 12.2 years: 12.0

TABLE 94. — *Percentage Distribution of Economic Condition in First Admissions to State Schools, 1934, by Mental Status*

ECONOMIC CONDITION	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	36.3	31.4	33.7	38.5	18.8	27.6	29.7	26.3	27.8	41.5	40.4	40.9	35.7	30.0	33.3
Marginal	60.5	66.5	63.6	57.7	78.1	68.9	65.4	73.7	69.9	56.4	55.6	55.9	64.3	70.0	66.7
Comfortable	3.2	1.7	2.5	3.8	3.1	3.5	4.9	—	2.3	2.1	3.0	2.7	—	—	—
Unknown	—	.4	.2	—	—	—	—	—	—	—	1.0	.5	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Table 217 for detail).

years for the males and 12.5 for the females. (Native-born patients of unknown parentage are excluded because of the few cases under consideration). The lowest average admission age occurs in the native-born of native parentage, 10.8 years; 10.3 for the males and 11.3 for the females. The average admission age of all first admissions was 11.8 years; 11.3 years for the males and 12.3 years for the females.

TABLE 95. — *Average Age of First Admissions to State Schools, 1934, by Nativity, Parentage and Sex*

NATIVITY AND PARENTAGE	AVERAGE AGE		
	M.	F.	T.
Native Born	11.25	12.12	11.71
Native Parentage	10.32	11.32	10.86
Foreign Parentage	12.01	12.54	12.26
Mixed Parentage	11.11	12.28	11.77
Unknown Parentage	12.50	15.83	13.92
Foreign Born	13.75	19.16	17.00
Aggregate Age	11.30	12.37	11.86

(See Table 214 for detail).

AVERAGE INTELLIGENCE QUOTIENT OF FIRST AND READMISSIONS TO STATE SCHOOLS, 1934, BY CLINICAL DIAGNOSIS

Table 96 outlines the average intelligence quotients of first admissions and readmissions for 1934 in the various clinical diagnosis groups. Because of the well known variation in small numbers, we will not discuss the average of groups in which less than ten cases are involved. Excluding the smaller groups, we note that the highest average intelligence quotient of .56 occurs in the familial cases. It is rather unexpected that the group presenting hereditary mental defect should show the highest average intelligence. The undifferentiated are second with an average intelligence quotient of .52. This group, of course, comprises cases who lack outstanding characteristics which would place them in one of the clinical groups. They may be considered as the idiots, imbeciles and morons who cannot be classified clinically. The post-infectious cases have the third highest average intelligence quotient of .48, and the group with endocrine disorders is fourth

TABLE 96. — *Average Intelligence Quotient of First Admissions and Readmissions to State Schools, 1934, by Clinical Diagnosis and Sex*

CLINICAL DIAGNOSIS	FIRST ADMISSIONS						READMISSIONS					
	NUMBERS			AVERAGE I. Q.			NUMBERS			AVERAGE I. Q.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial.	49	63	112	.57	.55	.56	1	2	3	.45	.55	.51
Mongolism	21	29	50	.26	.32	.30	—	—	—	—	—	—
With developmental cranial anomalies	14	14	28	.40	.24	.32	2	1	3	.50	.45	.48
With congenital cerebral spastic infantile paralyses	7	8	15	.42	.47	.45	2	—	2	.80	—	.80
Post-infectious	10	17	27	.54	.45	.48	1	—	1	.55	—	.55
Post-traumatic — natal	12	3	15	.24	.35	.26	—	—	—	—	—	—
Post-traumatic — post-natal	4	—	4	.60	—	.60	—	—	—	—	—	—
With epilepsy — symptomatic	—	1	1	—	.25	.25	—	—	—	—	—	—
With epilepsy — idiopathic	5	5	10	.29	.09	.19	1	1	2	.35	.15	.50
With endocrine disorders	4	13	17	.42	.42	.47	—	—	—	—	—	—
With familial amaurosis	1	2	3	.45	.45	.45	—	—	—	—	—	—
With tuberous sclerosis	1	—	1	.05	—	.05	—	—	—	—	—	—
With other organic nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—
Other forms	12	15	27	.46	.41	.43	—	—	—	—	—	—
Undifferentiated	75	66	141	.54	.50	.52	5	4	9	.59	.57	.58
Total	215	236	451	.47	.45	.46	12	8	20	.57	.50	.54

(See Tables 220 and 221 for detail).

with .47. The lowest averages are observed in the groups with epilepsy-idiopathic, .19, and post-traumatic — natal, with .26.

Sex differences are noted in the first admissions. The males show an average admission I.Q. of .47, while the females have an average I.Q. of .45. In the following clinical groups the males present the higher average admission I.Q.: familial, with developmental cranial anomalies, post-infectional, with epilepsy — idiopathic, other forms, and undifferentiated. The smallest difference of two points is observed in the familial group while the largest difference of twenty points occurs in the group with epilepsy — idiopathic. The females show the higher average admission I.Q. in the clinical groups mongolism, with congenital cerebral spastic infantile paralyses, and post-traumatic — natal. Here the largest difference of eleven points occurs in the group post-traumatic — natal.

Owing to the small numbers involved, the readmissions will not be discussed in detail. We note, however, that the average admission I.Q. of readmissions, .54, is eight points higher than that of the first admissions, .46. In the first admissions the males showed an average admission I.Q. which was two points higher than that of the females. Among the readmissions, however, we note that the average I.Q. of the males is seven points higher than that of the females.

AVERAGE AGE OF ALL ADMISSIONS TO STATE SCHOOLS, 1934, BY CLINICAL DIAGNOSIS

Table 97 shows the average age of all admissions in the various clinical diagnosis groups. Owing to the difficulties experienced in dealing with small numbers, the averages of groups containing less than ten cases will not be discussed. The group with endocrine disorders, 17 cases, shows the highest average admission age of 15.7 years. The undifferentiated group, 150 cases, is second with an average of 13.3 years, and the familial group, 115 cases, is third with an average of 13.2 years. It is interesting that the hereditary group, with all of its supposed social difficulties, should succeed in keeping their children out of institutions until such a late age. The lowest average admission age of 7.3 years occurs in the group post-traumatic — natal, 15 cases. The cases with developmental cranial anomalies with an average of 8.7 years, and the cases with mongolism with 9.4 years also show low average ages.

In the sexes higher average admission ages for the males are observed in the groups monoglim, with developmental cranial anomalies, post-infectional, post-traumatic — natal, and other forms. The females show the higher admission ages in the groups familial, with congenital cerebral spastic infantile paralyses, with epilepsy — idiopathic, with endocrine disorders and in the undifferentiated. In

TABLE 97. — *Ages of All Admissions to State Schools, 1934, by Clinical Diagnosis and Sex; Numbers and Averages*

CLINICAL DIAGNOSIS	ALL ADMISSIONS					
	NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.
Familial	50	65	115	12.46	13.80	13.22
Mongolism	21	29	50	9.54	9.43	9.48
With developmental cranial anomalies	16	15	31	10.00	7.43	8.75
With congenital cerebral spastic infantile paralyses	9	8	17	12.05	13.25	12.61
Post-infectional	11	17	28	11.68	10.08	10.71
Post-traumatic — natal	12	3	15	7.91	4.83	7.30
Post-traumatic — post-natal	4	—	4	10.00	—	10.00
With epilepsy — symptomatic	—	1	1	—	22.50	22.50
With epilepsy — idiopathic	6	6	12	10.00	10.16	10.08
With endocrine disorders	4	13	17	10.00	17.50	15.73
With familial amaurosis	1	2	3	12.50	13.00	12.83
With tuberculous sclerosis	1	—	1	12.50	—	12.50
With other organic nervous diseases	—	—	—	—	—	—
Other forms	12	15	27	12.91	10.63	11.64
Undifferentiated	80	70	150	12.62	14.20	13.36
Total	227	244	471	11.65	12.56	12.12

(See Table 219 for detail).

general we observe that the females, with an average admission age of 12.5 years are nearly one year older at admission than the males, with 11.6 years.

Section H. All Discharges from State Schools for the Mentally Deficient During 1934

The section following discusses various factors in reference to discharges from State schools during the year 1934.

DISCHARGES FROM STATE SCHOOLS, 1917-1934

Table 98 shows the number of discharges from State schools for the period 1917-1934, inclusive. The largest number of discharges occurred in 1920 with 376, and the second largest number in 1922 with 312. The smallest number of discharges occurred in 1919 with 130, and the second smallest in 1918 with 157. Since 1929 the number of discharges has fallen below 200 in each year. With the number of cases under care increasing each year we see that something very significant is happening in that the number of discharges from the State schools is steadily decreasing. It is perfectly possible, of course, that the socio-economic

TABLE 98. — *Discharges from State Schools, 1917-1934, by Sex; Numbers and Percentages*

YEAR	NUMBER			PERCENT		
	M.	F.	T.	M.	F.	T.
1917	172	80	252	68.3	31.7	100.0
1918	120	37	157	76.4	23.6	100.0
1919	78	52	130	60.0	40.0	100.0
1920	247	129	376	65.7	34.3	100.0
1921	103	56	159	64.8	35.2	100.0
1922	192	120	312	61.5	38.5	100.0
1923	120	40	160	75.0	25.0	100.0
1924	137	65	202	67.8	32.2	100.0
1925	185	102	287	64.5	35.5	100.0
1926	139	154	293	47.4	52.6	100.0
1927	196	99	295	66.4	33.6	100.0
1928	136	79	215	63.3	36.7	100.0
1929	110	76	186	59.1	40.9	100.0
1930	114	80	194	58.8	41.2	100.0
1931	97	69	166	58.4	41.6	100.0
1932	98	69	167	58.7	41.3	100.0
1933	89	79	168	52.9	47.1	100.0
1934	92	86	178	51.7	48.3	100.0

situation existing during the last years mentioned was responsible for the inability of the schools to find positions for their children in the community.

Very important sex differences are observed. In but one of the eighteen years covered in this analysis do the females show a larger percentage discharged than the males. This occurred in 1926 when the females made up 52 per cent of all discharges. In all other years the males show a great excess among the discharges which reaches the high level of 76 per cent in 1918, and 75 per cent in 1923. Since 1929 it has been apparent that smaller numbers of males are being discharged while the females are contributing increasingly larger proportions. In 1934 the sexes were nearly even, with 51.7 per cent for the males and 48.3 per cent for the females.

AGE AND MENTAL STATUS OF PATIENTS DISCHARGED, 1934

Table 99 outlines the average age of discharges in the various mental status groups. The totals present an average discharge age of 21.8 years, 20.7 years for the males and 23.0 years for the females. This higher discharge age for the females is partially accounted for by the fact that females quite uniformly show higher ages at admission (see Table 91).

In the idiot group 15 discharges leaving the institution averaged 19.1 years of age at discharge. Thirty-one cases in the imbecile group averaged 22.0 years; 97 cases in the moron group averaged 21.1 years; and 35 cases in the group not mentally defective averaged 20.2 years of age at discharge. In the idiot group the females averaged about four years older than the males at the time of dis-

charge. In the imbecile group the situation is reversed and the males are about one and a half years older than the females. In the moron group the average ages are practically the same, and in the group not mentally defective the females are approximately two years older than the males.

TABLE 99. — *Ages of Discharges from State Schools, 1934, by Mental Status and Sex: Numbers and Averages*

MENTAL STATUS GROUPS	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Idiot	9	6	15	17.50	21.66	19.16
Imbecile.	17	14	31	22.79	21.14	22.04
Moron	51	46	97	21.12	22.17	21.62
Not Mentally Defective	15	20	35	19.16	27.00	23.64
Total	92	86	178	20.76	23.09	21.88

(See Table 222 for detail).

DISCHARGES FROM STATE SCHOOLS, 1934; RATES PER 1,000 CASES UNDER CARE

During 1934 we have noted that 178 patients were discharged from the three State schools for the mentally defective, (Table 100). Of these, 92 or 51.7 per cent were males and 86 or 48.3 per cent were females. Thirty-six were discharged from the Belchertown State School: 33.3 per cent were males, and 66.7 per cent

TABLE 100. — *Discharges from State Schools, 1934, by School; Numbers and Rates per 1,000 Cases under Care*¹

STATE SCHOOLS	NUMBER UNDER CARE			NUMBER OF DISCHARGES			RATE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	610	835	1,445	12	24	36	19.	28.	24.
Walter E. Fernald	1,178	873	2,051	50	20	70	42.	22.	34.
Wrentham	945	1,231	2,176	30	42	72	31.	34.	33.
Total	2,733	2,939	5,672	92	86	178	34.	29.	31.

¹Includes all discharges irrespective of I.Q. Cases under Care are obtained by adding Resident Population and Patients Out on September 30, 1934, and all Discharges and all Deaths during the year 1934.

were females. Seventy were discharged from the Walter E. Fernald State School: 71.4 per cent were males and 28.6 per cent were females. Seventy-two were discharged from the Wrentham State School: 41.7 per cent were males, and 58.3 per cent were females.

The rate of discharge per 1,000 of cases under care for all schools was 31; 34 for the males and 29 for the females. The Walter E. Fernald and Wrentham State Schools showed the highest discharge rates with 34 and 33 patients, respectively, discharged per 1,000 cases under care at each school. Belchertown showed 24 patients discharged per 1,000 under care. The discharge rate for males was decidedly higher than that for females at the Walter E. Fernald State School. The rate for female discharges was higher at Belchertown and at Wrentham, however.

Table 101 shows the present age of all cases under care during the year, the age at discharge of all cases discharged during 1934, and the rate of discharge per 1,000 cases under care of the same age groups. The highest rate of discharge is observed in the age group 20-29 years, a rate of 44 cases discharged for each 1,000 cases of the same age group under care during the year. The age groups 0-9 years and 10-19 years also show high rates of 26 and 32 per 1,000 respectively. The age group 40-49 years presents the next highest rate, 20 per 1,000 cases under care.

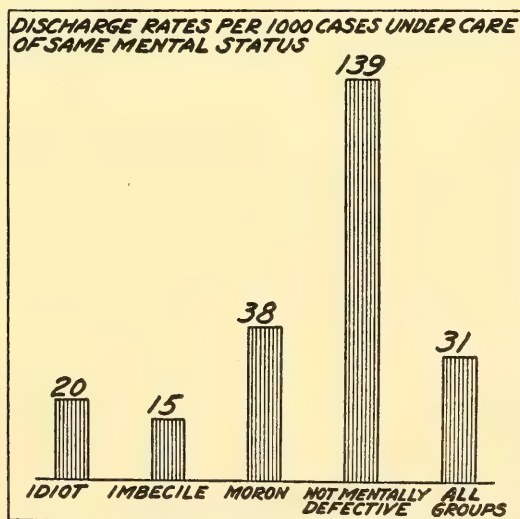
In summarizing this table, and in considering the groups presenting the largest numbers, we may say that the more favorable age groups for discharge during this year tend to lie between 0 and 29 years.

It will be observed in Table 101 and Graph 12 that the not mentally defective group present by far the highest discharge rate of any of the mental status groups, 139 per 1,000 under care. The moron group is second with a rate of 38 cases discharged per 1,000 cases under care. The idiot group is third with a rate of 20, while the imbecile group shows the lowest discharge rate of all, 15 cases per each 1,000 under care. In all but the not mentally defective group, the discharge rate is higher for the males than for the females.

TABLE 101. — *Discharges from State Schools, 1934, by Mental Status and Age at Discharge: Rates per 1,000 Cases under Care of Same Mental Status and Age.*

MENTAL STATUS	Sex	AGE DISTRIBUTION							
		All Ages	0-9 Years	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 Years and Over
Idiot	M.	21.	63.	11.	10.	23.	53.	—	—
	F.	18.	—	19.	41.	—	—	—	—
	T.	20.	36.	14.	25.	11.	21.	—	—
Imbecile	M.	16.	28.	15.	20.	—	32.	—	—
	F.	13.	30.	3.	26.	10.	—	—	—
	T.	15.	29.	10.	23.	6.	15.	—	—
Moron	M.	45.	—	50.	56.	36.	—	125.	—
	F.	33.	38.	38.	42.	17.	18.	—	—
	T.	38.	17.	45.	47.	21.	14.	37.	—
Not Mentally Defective	M.	130.	38.	136.	206.	111.	—	—	—
	F.	147.	—	143.	190.	111.	143.	—	—
	T.	139.	29.	139.	196.	111.	133.	—	—
All Groups.	M.	34.	27.	36.	43.	17.	28.	14.	—
	F.	29.	26.	27.	46.	18.	15.	—	—
	T.	31.	26.	32.	44.	18.	20.	7.	—

(See Table 244 for detail).



GRAPH 12. — *MENTAL STATUS OF DISCHARGES FROM STATE SCHOOLS, 1934; RATES PER 1,000 CASES UNDER CARE OF SAME MENTAL STATUS.*

Table 102 outlines the discharge rates per thousand cases under care by clinical groupings and by age distribution. The totals show that 31 cases were discharged during 1934 for each thousand cases under care. The males show the higher

discharge rate of 34, with a rate of 29 for the females. In the total discharge rates of the various age groups, the high discharge rate occurs in the age group 20-29 years with 44 cases discharged per thousand under care. The age group 10-19 years is second in order with a rate of 32, and the age group 0-9 years is third with a rate of 26. The discharge rates of 18 and 20 for the age groups 30-39 and 40-49 years show but little difference. The rate of 7 in the age group 50-59 years is lowest of all. Slight sex differences are noted. In the age groups 0-9 years and 10-19 years the males present the higher discharge rates. In the age groups 20-29 and 30-39 years the females present the higher rates. In the last two age groups, 40-49 and 50-59 years, the males again show the higher discharge rates.

Consulting the totals for the various clinical groups and excluding those which had less than fifty cases under care, (post-traumatic — post-natal, with epilepsy-symptomatic, with familial amaurosis, with tuberous sclerosis, and with other organic nervous disease), we observe that other forms shows the highest discharge rate of 64 per thousand under care. Next in order are the familial group with 32; with epilepsy-idiopathic, 32; mongolism, 30, and endocrine disorders, 30. The low discharge rates are observed in the groups with developmental cranial anomalies, 17; post-traumatic — natal, 17; and congenital cerebral spastic infantile paralyses, 11.

It is interesting to compare the discharge rate of 31 cases per thousand under care in state schools for mental defectives (95 per cent first admissions), with the discharge rate of 183 per thousand first admissions under care in mental hospitals. While the mental hospitals were discharging approximately one patient out of every five under care, the state schools were discharging but one patient out of every thirty-two under care.

ECONOMIC STATUS OF DISCHARGES: RATES PER 1,000 UNDER CARE

Table 103 outlines the economic status of discharges in the various mental status groups and also presents discharge rates per thousand under care of the same economic groups. The totals show a discharge rate of 31 cases per thousand under care, with rates of 34 for the males and 29 for the females. The "dependent" group presents the lowest discharge rate of 29, with rates of 31 and 27 for the males and females, respectively. The "marginal" group is next with a discharge rate of 33, 36 for the males, and 30 for the females. The group of "comfortable" economic status shows the high discharge rate of 44, 32 for the males and 56 for the females. Here we note that the higher rates for the males in the "dependent" and "marginal" groups are reversed and the female discharge rate is nearly twice that of the males. It will be noted that these same general characteristics are demonstrated throughout the mental status groups, namely, higher discharge rates in the "marginal" and "comfortable" groups. It is interesting also that the higher discharge rates are observed among the morons. This does not mean that the matter of discharge is correlated with intellectual status, however. We note that in both the "marginal" and "comfortable" groups, the idiots present higher discharge rates than do the imbeciles. Of course, the highest discharge rates of all are observed in the group not mentally defective. However, the numbers involved in this group are rather small.

AVERAGE NET TIME IN STATE SCHOOLS DURING THE PRESENT ADMISSION OF PATIENTS DISCHARGED DURING 1934, BY MENTAL STATUS

Table 104 demonstrates the time spent within institutions and the time spent out on visit, parole, etc. during the present admission of cases discharged during 1934, by mental status. The totals reveal that all cases discharged remained in schools an average net time of 6.5 years, 6.2 years for the males and 6.7 years for the females. Further inspection of this table brings out the fact that length of school stay is not correlated with intellectual status. The idiots remained within schools an average of 6.2 years, the imbeciles remained 7 years, the morons 6 years, and the group not mentally defective a total of 7.5 years. It should be recalled in this connection that many of these higher grade cases are those showing the most troublesome behavior problems. In the imbecile and moron groups the males remained longer than the females. However, in the idiot and not mentally

TABLE 102. — *Discharges from State Schools, 1934, by Clinical Diagnosis and Age at Discharge: Rates per 1,000 Cases under Care¹ of Same Clinical Age Groupings*

CLINICAL DIAGNOSES	Total			0-9 Years			10-19 Years			20-29 Years			30-39 Years			40-49 Years			50-59 Years			60 Years and Over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	47.	22.	32.	14.	-	8.	43.	23.	34.	63.	37.	47.	50.	9.	18.	-	-	-	-	-	-	-	-	-
Mongolism	43.	17.	30.	83.	26.	48.	49.	22.	37.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With developmental cranial anomalies	14.	20.	17.	-	45.	29.	-	-	-	77.	-	42.	-	-	-	-	-	-	-	-	-	-	-	-
With congenital cerebral spastic infant. paralysis	20.	-	11.	83.	-	43.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Post-infectious	8.	47.	29.	59.	59.	33.	19.	42.	29.	-	98.	51.	-	-	-	-	-	-	-	-	-	-	-	
Post-traumatic — natal	27.	-	17.	59.	-	40.	29.	-	22.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Post-traumatic — post-natal	77.	56.	65.	-	-	-	-	-	-	-	200.	143.	1,000.	-	333.	-	-	-	-	-	-	-	-	-
With epilepsy — symptomatic	-	136.	111.	-	-	-	-	-	-	-	250.	250.	-	200.	200.	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	49.	16.	32.	-	-	-	61.	50.	57.	91.	-	40.	-	-	-	-	-	-	-	-	-	-	-	-
With endocrine disorders	37.	25.	30.	-	-	-	-	50.	33.	167.	-	67.	-	-	-	-	-	-	-	-	-	-	-	-
With familial amaurosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With tuberculous sclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other forms	54.	74.	64.	-	100.	63.	49.	83.	62.	80.	96.	88.	-	50.	30.	111.	100.	105.	-	-	-	-	-	-
Undifferentiated	26.	30.	28.	24.	30.	26.	35.	24.	30.	31.	47.	39.	6.	23.	16.	14.	11.	12.	-	-	-	-	-	-
Total	34.	29.	31.	27.	26.	26.	36.	27.	32.	43.	46.	44.	17.	18.	18.	28.	15.	20.	14.	-	7.	-	-	-

¹Cases under care include the resident population and cases out on September 30, 1934 plus all discharges and all deaths during the year 1934.

TABLE 103. — *Economic Status of Discharges from State Schools, 1934, by Mental Status and Sex: Discharge Rates per 1,000 of Same Economic Status Groups Under Care*

ECONOMIC STATUS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under Care	913	1,277	2,190	86	77	163	322	374	696	454	744	1,198	51	82	133
Discharges	28	35	63	—	—	—	5	3	8	17	20	37	6	12	18
Rate per 1,000	31.	27.	29.	—	—	—	16.	8.	11.	37.	27.	31.	118.	146.	135.
Marginal:															
Under Care	1,716	1,556	3,272	305	233	538	702	639	1,341	647	631	1,278	62	53	115
Discharges	61	46	107	8	5	13	11	10	21	33	24	57	9	7	16
Rate per 1,000	36.	30.	33.	26.	21.	24.	16.	16.	16.	51.	38.	45.	145.	132.	139.
Comfortable:															
Under Care	93	90	183	28	20	48	40	44	84	23	25	48	2	1	3
Discharges	3	5	8	1	1	2	1	1	2	1	2	3	—	1	1
Rate per 1,000	32.	56.	44.	36.	50.	42.	25.	23.	24.	43.	80.	63.	—	1,000.	333.
Unknown:															
Under Care	11	16	27	4	6	10	5	4	9	2	6	8	—	—	—
Discharges	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rate per 1,000	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total:															
Under Care	2,733	2,939	5,672	423	336	759	1,069	1,061	2,130	1,126	1,406	2,532	115	136	251
Discharges	92	86	178	9	6	15	17	14	31	51	46	97	15	20	35
Rate per 1,000	34.	29.	31.	21.	18.	20.	16.	13.	15.	45.	33.	38.	130.	147.	139.

defective groups the females remained very much longer than the males, three times as long in the case of the idiots and nearly twice as long in the case of the group not mentally defective.

TABLE 104. — *Average Time on Books, Time Spent Out and Net Time Within Institutions During This Admission of All Discharges, 1934, by Mental Status and Sex*

MENTAL STATUS	AVERAGE TIME ON BOOKS			AVERAGE TIME SPENT OUT			AVERAGE NET TIME WITHIN INSTITUTION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	4.26	10.97	6.94	1.01	.14	.66	3.25	10.83	6.28
Imbecile	9.70	6.73	8.36	1.72	.79	1.30	7.98	5.94	7.06
Moron	8.45	7.22	7.87	1.95	1.77	1.86	6.50	5.45	6.01
Not Mentally De- fective	6.71	11.97	9.72	1.30	2.91	2.22	5.41	9.06	7.50
Total	7.99	8.51	8.24	1.71	1.76	1.74	6.28	6.75	6.50

(See Table 227 for detail).

In reference to the time spent out of the schools previous to discharge, we notice a marked correlation with mental status. Here the idiots remained out a little over half a year, .66 years; the imbeciles 1.3 years; the morons 1.8 years; and the not mentally defective group 2.2 years. The longer period that the higher grade cases are held under supervision is accounted for by the fact that they constitute the best material for parole. Many of the cases of lower grade are discharged directly to their families.

NET TIME IN RESIDENCE BY AGE AT ADMISSION; ALL PATIENTS DISCHARGED DURING 1934

Table 105 shows the net time in residence of all cases discharged, by age at admission. The longest time in residence was spent by cases who were admitted between 10 and 14 years of age, 7.22 years. Those who were admitted between 15 and 19 years spent an average of 6.61 years in residence in State Schools, while those admitted between the ages of 20-24 years spent the next longest average time in residence, 6.21 years.

TABLE 105. — *Net Time in Residence, Cases Discharged During 1934, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			NET TIME IN RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	1	3	4	.12	.58	.46
5-9 years	27	12	39	4.71	6.68	5.32
10-14 years	42	28	70	7.50	6.79	7.22
15-19 years	14	30	44	4.38	7.65	6.61
20-24 years	5	9	14	4.25	7.30	6.21
25-29 years	1	2	3	1.50	5.50	4.16
30-34 years	—	—	—	—	—	—
35-39 years	—	—	—	—	—	—
40-44 years	2	1	3	4.00	1.50	3.16
45-49 years	—	—	—	—	—	—
50 years and over	—	—	—	—	—	—
Total	92	86	178	6.28	6.75	6.50

It will be observed that the greatest number of discharges during this year occur in cases who were admitted up to 19 years of age. These cases show an average time spent in residence of approximately six years. The average time in residence of all cases discharged is 6.50 years; 6.28 years for males and 6.75 years for females.

AVERAGE NUMBER OF TIMES OUT ON VISIT DURING THIS ADMISSION,
ALL PATIENTS DISCHARGED DURING 1934

Table 106 discusses the average number of times out on visit during this admission of all patients discharged from State schools during the year 1934, by school. As stated before, the total number of discharges from all schools for the year was 178. The Wrentham State School discharged the largest number with 72 and Belchertown State School the fewest with 36.

The highest average number of times out on visit occurred in the Walter E. Fernald State School discharges, an average of 4.01 times. Belchertown State School is next in order with an average of 3.27 visits per discharge, and Wrentham the lowest with an average of 2.94. For all schools we note that all discharges during the year averaged 3.43 visits during this particular admission.

TABLE 106. — *Times Out on Visit during This Admission, Discharges from State Schools, 1934, by School: Numbers and Averages*

STATE SCHOOLS	NUMBER			AVERAGE TIMES OUT		
	M.	F.	T.	M.	F.	T.
Belchertown	12	24	36	5.25	2.29	3.27
Walter E. Fernald	50	20	70	4.16	3.65	4.01
Wrentham	30	42	72	2.63	3.16	2.94
Total	92	86	178	3.80	3.03	3.43

(See Table 226 for detail).

CAPABILITY ON DISCHARGE OF CASES DISCHARGED, 1934,
BY CLINICAL DIAGNOSES

Table 107 demonstrates the capability on discharge of cases leaving State schools during 1934 divided into the various clinical groups. It should be recalled that the clinical groups familial, other forms and undifferentiated are the only ones presenting sufficiently large numbers of discharges to warrant any serious discussion. The total shows us that 17 per cent of these discharges were considered as capable of self-support, 40 per cent were capable of partial self-support, and 41 per cent were incapable of productive work. ("Capable of self-support" — has been able to retain a position and earn his living during the parole period. "Capable of partial self support" — has been able to avoid serious difficulties and to earn wages to cover part of the cost of his maintenance. "Incapable of productive work" — has been entirely dependent on relatives or friends.) Fifty-eight per cent, or about three out of every five cases discharged are able to support themselves either wholly or partially. More females, 22 per cent, are capable of self-support than males, 14 per cent. However, more males are capable of partial self-support, 44 per cent as against 36 per cent for the females. In the group incapable of productive work the sexes are approximately the same, 41 per cent.

The familial group, or cases with hereditary mental defect, show the highest percentage that are capable of self-support, 27.1 per cent. The undifferentiated group shows 20 per cent of cases falling within this classification. The post-infectious group with 12 per cent, and other forms with 8 per cent are the only other clinical groups showing any cases capable of self-support. In the cases capable of partial self-support we find that 100 per cent of cases with developmental cranial anomalies, 50 per cent of the with congenital cerebral spastic infantile paralyses, 50 per cent of cases with endocrine disorders, 50 per cent of the undifferentiated, and 47 per cent of the familial group fall in this classification. Among those incapable of productive work, the groups post-traumatic — natal, post-traumatic — post-natal, and with epilepsy — symptomatic show 100 per cent of cases. The group with hereditary mental defect shows the low percentage of 25 per cent of cases in this classification.

TABLE 107. — *Capability on Discharge of Discharges, 1934, by Clinical Diagnoses and Sex; Percentages*

CLINICAL DIAGNOSES	TOTAL			CAPABLE OF SELF-SUPPORT			CAPABLE OF PARTIAL SELF-SUPPORT			INCAPABLE OF PRODUCTIVE WORK		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	100.0	100.0	100.0	22.9	33.3	27.1	54.2	37.5	47.5	22.9	29.2	25.4
Mongolism	100.0	100.0	100.0	—	—	—	—	50.0	14.3	100.0	50.0	85.7
With developmental cranial anomalies	100.0	100.0	100.0	—	—	—	100.0	100.0	100.0	—	—	—
With congenital cerebral spastic infantile paralyses	100.0	—	100.0	—	—	—	50.0	—	50.0	50.0	—	50.0
Post-infectious	100.0	100.0	100.0	—	14.3	12.5	—	14.3	12.5	100.0	71.4	75.0
Post-traumatic — natal	100.0	—	100.0	—	—	—	—	—	—	100.0	—	100.0
Post-traumatic — post-natal	100.0	100.0	100.0	—	—	—	—	—	—	100.0	100.0	100.0
With epilepsy — symptomatic	—	100.0	100.0	—	—	—	—	—	—	—	100.0	100.0
With epilepsy — idiopathic	100.0	100.0	100.0	—	—	—	33.3	—	25.0	—	100.0	100.0
With endocrine disorders	100.0	100.0	100.0	—	—	—	—	100.0	50.0	66.7	100.0	75.0
With familial amaurosis	—	—	—	—	—	—	—	—	—	100.0	—	50.0
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous diseases	100.0	100.0	100.0	10.0	7.1	8.3	—	—	—	—	—	—
Other forms	100.0	100.0	100.0	12.9	28.1	20.6	51.6	14.3	20.9	35.5	78.6	70.8
Undifferentiated	—	—	—	—	—	—	—	50.0	50.8	—	21.9	28.6
Total	100.0	100.0	100.0	14.1	22.1	17.9	44.6	36.0	40.5	41.3	41.9	41.6

(See Table 225 for detail).

AVERAGE INTELLIGENCE QUOTIENT OF DISCHARGES, 1934, BY
CLINICAL DIAGNOSES

Table 108 describes the average intelligence quotient of discharges in the various clinical groups. Owing to the small numbers of cases involved in certain of the clinical groupings no sweeping conclusions can be drawn from these findings. All clinical groups together show an average intelligence quotient at discharge of .57, .54 for the males and .61 for the females. In this connection we recall (Table 96) that in the admissions the males showed the higher average intelligence quotient. Evidently it is possible to discharge more males in the lower I.Q. groups, while the females must be in the higher intelligence levels before discharge becomes a possibility. In the clinical diagnosis groups the undifferentiated show the high average I.Q. of .55. The familial group is second with an average of .61, and the group with endocrine disorders is third with an average of .55. Again referring to Table 96 we note that the group with hereditary mental defect shows a high admission I.Q. while in the present table it is evident that they show an even higher discharge I.Q. The lowest average intelligence quotients at discharge are seen in the groups with epilepsy — idiopathic with .22; post-traumatic — natal with .25; and mongolism with .29. In six of the clinical groups the females present higher average intelligence quotients at discharge, and in only two groups, with epilepsy — idiopathic, and other forms do the males present the higher averages.

TABLE 108. — *Average Intelligence Quotient of Discharges from State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE I. Q.		
	M.	F.	T.	M.	F.	T.
Familial	35	24	59	.60	.63	.61
Mongolism	5	2	7	.27	.35	.29
With developmental cranial anomalies	1	1	2	.25	.45	.35
With congenital cerebral spastic infantile paralyses	2	—	2	.40	—	.40
Post-infectious	1	7	8	.15	.57	.51
Post-traumatic — natal	2	—	2	.25	—	.25
Post-traumatic — post-natal	1	1	2	.15	.45	.30
With epilepsy — symptomatic	—	3	3	—	.31	.31
With epilepsy — idiopathic	3	1	4	.25	.15	.22
With endocrine disorders	1	1	2	.55	.55	.55
With familial amaurosis	—	—	—	—	—	—
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	—	—	—	—	—	—
Other forms	10	14	24	.57	.50	.53
Undifferentiated	31	32	63	.60	.70	.65
Total	92	86	178	.54	.61	.57

(See Table 224 for detail).

TABLE 109. — *Average Age of Discharges from State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Familial	35	24	59	21.21	22.70	21.82
Mongolism	5	2	7	10.50	12.50	11.07
With developmental cranial anomalies	1	1	2	27.50	7.50	17.00
With congenital cerebral spastic infantile paralyses	2	—	2	32.50	—	32.50
Post-infectious	1	7	8	12.50	18.21	17.50
Post-traumatic — natal	2	—	2	12.50	—	12.50
Post-traumatic — post-natal	1	1	2	32.50	22.50	27.50
With epilepsy — symptomatic	—	3	3	—	27.50	27.50
With epilepsy — idiopathic	3	1	4	17.50	17.50	17.50
With endocrine disorders	1	1	2	22.50	17.50	20.00
With familial amaurosis	—	—	—	—	—	—
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	—	—	—	—	—	—
Other forms	10	14	24	28.00	26.85	27.33
Undifferentiated	31	32	63	19.27	23.90	21.62
Total	92	86	178	20.76	23.09	21.88

(See Table 223 for detail).

AVERAGE AGE OF DISCHARGES, 1934, BY CLINICAL DIAGNOSES

Table 109 outlines the average age at discharge of cases in the various clinical groups. The small numbers within certain of these groups preclude the possibility of making any sweeping generalizations concerning the averages presented. All discharges averaged 21.8 years of age at the time of leaving the State school, 20.7 years for the males and 23.0 years for the females. The highest average age at discharge of 32.5 years is seen in the group with congenital cerebral spastic infantile paralyses. The groups post-traumatic — post-natal and with epilepsy — symptomatic are second in order with average ages of 27.5 years each. The lowest discharge ages are seen in the groups mongolism, 11.0 years, and post-traumatic — natal, 12.5 years. In the groups with developmental cranial anomalies, post-traumatic — post-natal, with endocrine disorders, and other forms, the males present the higher discharge ages. In the groups familial, mongolism, post-infectious, and undifferentiated, the females show the higher average discharge ages.

AVERAGE LENGTH OF RESIDENCE DURING THIS ADMISSION, CASES DISCHARGED, 1934, BY CLINICAL DIAGNOSES

Table 110 shows the length of residence of discharges, 1934, in the various clinical groups. All cases discharged reveal an average net length of residence of 6.5 years, 6.2 years for the males and 6.7 years for the females. The group with congenital cerebral spastic infantile paralyses remained for the longest period with an average of 21.5 years. Cases with epilepsy — symptomatic are second with an average of 10.8 years and the post-traumatic — post-natal are third with an average of 10.0 years. The shorter averages are observed in mongolism, 1.2 years; post-traumatic — natal, 3.8 years; and post-infectious, 4.0 years. In the groups familial, with developmental cranial anomalies, post-traumatic — post-natal and other forms, the males reveal the longer residence. In the groups mongolism, post-infectious, epilepsy — idiopathic, with endocrine disorders and undifferentiated the females present the longer school residence. Evidently the clinical groups presenting serious physical defects will, on the average, remain longer than either the undifferentiated group or those with hereditary mental defect.

TABLE 110. — *Length of School Residence of Discharges, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	35	24	59	7.16	6.45	6.87
Mongolism	5	2	7	.17	3.81	1.21
With developmental cranial anomalies	1	1	2	12.50	.12	6.31
With congenital cerebral spastic infantile paralyses	2	—	2	21.56	—	21.56
Post-infectious	1	7	8	.12	4.57	4.01
Post-traumatic — natal	2	—	2	3.81	—	3.81
Post-traumatic — post-natal	1	1	2	12.50	7.50	10.00
With epilepsy — symptomatic	—	3	3	—	10.80	10.80
With epilepsy — idiopathic	3	1	4	6.79	12.50	8.21
With endocrine disorders	1	1	2	1.50	7.50	4.50
With familial amaurosis	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—
With other organic nervous disease	—	—	—	—	—	—
Other forms	10	14	24	9.71	7.29	8.30
Undifferentiated	31	32	63	4.24	6.88	5.58
Total	92	86	178	6.28	6.75	6.50

(See Table 228 for detail).

Section J. Deaths Occurring in State Schools for the Mentally Deficient During 1934

The following section presents data in reference to cases dying within the three State schools during the statistical year ended September 30, 1934.

DEATHS IN STATE SCHOOLS, 1917-1934, INCLUSIVE

Table 111 shows the numbers of deaths in State schools over the period 1917-1934, inclusive, by sex. The largest number of deaths occurred in 1919, with 152. The year 1934 was second with 84 deaths. The smallest number of deaths occurred

in 1922 with 30 and in 1931 with 37. Considering the matter from the viewpoint of the sexes, we observe that the females have presented the larger percentage of deaths in but five of the eighteen years studied, namely, 1921, 1930, 1931, 1932 and 1934. The males comprised 67 per cent of the deaths in 1925 and 65 per cent in 1919. The lowest percentages for this sex are observed in 1930 with 44 per cent and in 1932 with 41 per cent. The females comprised 58 per cent of the deaths in 1932 and 55 per cent in 1930. They reveal very low proportions in 1925 with 32 per cent and in 1919 with 34 per cent.

TABLE 111. — *Deaths in State Schools, 1917-1934 by Sex: Numbers and Percentages*

YEAR	NUMBER			PERCENT		
	M.	F.	T.	M.	F.	T.
1917	23	16	39	59.0	41.0	100.0
1918	40	29	69	58.0	42.0	100.0
1919	99	53	152	65.1	34.9	100.0
1920	22	16	38	57.9	42.1	100.0
1921	20	23	43	46.5	53.5	100.0
1922	15	15	30	50.0	50.0	100.0
1923	30	27	57	52.6	47.4	100.0
1924	30	20	50	60.0	40.0	100.0
1925	33	16	49	67.3	32.7	100.0
1926	26	26	52	50.0	50.0	100.0
1927	31	26	57	54.4	45.6	100.0
1928	38	27	65	58.5	41.5	100.0
1929	36	24	60	60.0	40.0	100.0
1930	22	27	49	44.9	55.1	100.0
1931	18	19	37	48.6	51.4	100.0
1932	26	37	63	41.3	58.7	100.0
1933	33	32	65	50.8	49.2	100.0
1934	40	44	84	47.6	52.4	100.0

NUMBER OF DEATHS IN STATE SCHOOLS, 1934, BY SCHOOL; RATES PER 1,000 CASES UNDER TREATMENT

A total of 84 cases died in all State schools during the last statistical year: 40 males and 44 females, (Table 112.) Wrentham State School presented the largest number of deaths with 48. Next in order is Walter E. Fernald with 19 deaths, and lastly Belchertown with 17 deaths.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate for all schools taken together was 16 persons; 16 deaths per 1,000 males and 16 deaths per 1,000 females under treatment.

TABLE 112. — *Deaths in State Schools, 1934, by School: Numbers and Rates per 1,000 Cases under Treatment¹*

STATE SCHOOLS	NUMBER UNDER TREATMENT			DEATHS			RATES PER 1,000 UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	560	776	1,336	5	12	17	9.	15.	13.
Walter E. Fernald	1,106	812	1,918	9	10	19	8.	12.	10.
Wrentham	841	1,100	1,941	26	22	48	31.	20.	25.
Total	2,507	2,688	5,195	40	44	84	16.	16.	16.

¹Cases under treatment are obtained by adding the Resident Population on September 30, 1934, and Discharges and Deaths during the year 1934.

Wrentham presents the highest rate with 25 deaths per 1,000 patients. Belchertown is next with 13 patients dying per each 1,000 under treatment, and Walter E. Fernald is last with a rate of 10. We observe that there is a slight variation in the death rate for the sexes, the Belchertown and Walter E. Fernald State Schools showing higher rates for females while Wrentham shows the higher death rate for the males.

AGE DISTRIBUTION OF DEATHS IN STATE SCHOOLS, 1934: RATES PER 1,000

CASES UNDER TREATMENT OF SAME MENTAL STATUS GROUPS

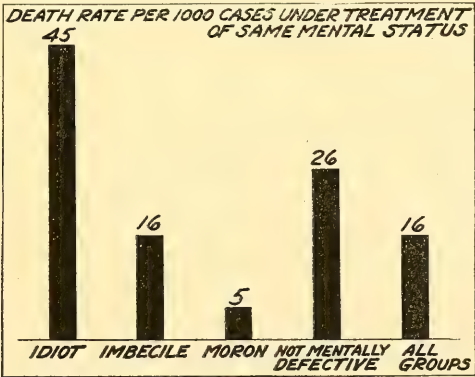
Table 113 shows the present age of all cases under treatment during the year, the age at death of all cases dying during 1934, and the death rates per 1,000 cases under treatment of the same age and mental status groups. Excluding the age group 60 years and over because of the few cases concerned, it will be observed that the age group 0-9 years showed the highest death rate, 39 per 1,000 under treatment. The age groups 40-49 years and 50-59 years are next in order with rates of 24 and 21, respectively.

TABLE 113. — Deaths at State Schools, 1934, by Mental Status and Age at Death: Rates per 1,000 Cases under Treatment of Same Mental Status Age Groups

MENTAL STATUS	Sex	AGE DISTRIBUTION							
		All Ages	0-9 Years	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 Years and Over
Idiot	M.	43.	79.	28.	30.	70.	53.	100.	—
	F.	48.	44.	28.	41.	23.	143.	125.	250.
	T.	45.	65.	28.	35.	46.	106.	111.	250.
Imbecile	M.	17.	57.	19.	—	13.	22.	20.	—
	F.	16.	51.	14.	21.	5.	—	—	—
	T.	16.	54.	17.	10.	9.	10.	10.	—
Moron	M.	4.	10.	4.	—	—	—	—	143.
	F.	6.	—	—	9.	9.	22.	—	—
	T.	5.	6.	2.	6.	7.	17.	—	91.
Not Mentally Defective	M.	11.	—	24.	—	—	—	—	—
	F.	40.	167.	36.	51.	—	—	—	—
	T.	26.	34.	29.	34.	—	—	—	—
Total	M.	16.	42.	13.	4.	18.	21.	29.	63.
	F.	16.	35.	10.	19.	8.	26.	14.	43.
	T.	16.	39.	12.	12.	12.	24.	21.	51.

(See Table 244 for detail).

In considering the separate mental status groups in Table 113 and Graph 13 we note that the idiots show the highest death rate of 45 per 1,000 under treatment during the year. The not mentally defective are next in order with a rate of 26 and the imbeciles third with a rate of 16. The morons show the lowest death rate of 5 per 1,000 morons under treatment. A total of 16 patients died per 1,000 under treatment during the year, 16 males and 16 females. The death rate for the imbeciles was three times that of the morons. The rate for the not mentally defective was five times that of the morons while the rate for the idiots was nine times that of the morons.



GRAPH 13. — PATIENTS DYING IN STATE SCHOOLS, 1934. RATES PER 1,000 CASES UNDER TREATMENT OF SAME MENTAL STATUS.

Comparing the total death rate of 16 persons per 1,000 under treatment with the death rate of 67.5 per 1,000 under treatment in hospitals for mental disease, (Table 57) we note that the death rate in hospitals is over four times as high as that observed in the State schools.

DEATH RATES BY CLINICAL DIAGNOSES AND AGE DISTRIBUTION

In Table 114 we observe the death rates in the various clinical groups by age at death. In the total line it will be noticed that 16 cases out of each 1,000 under treatment died during 1934, the sexes showing identical rates of 16. The age group 60 years and over reveals the highest death rate of 51, while the age group 0-9 years is second with a rate of 39 cases per thousand under treatment. The rates then drop in the three groups 10-19, 20-29, and 30-39 years to 12 each. In the age group 40-49 years the rate rises to 24 and drops slightly again to 21 in the age group 50-59 years. It should be observed that although the majority of cases in our State schools are in the younger age groups, the death rate of 16 is considerably higher than the death rate of 11.7 for the general population for the state during 1934.

In the sexes the males show high death rates in the age groups 0-9, 10-19, 30-39, 50-59 and 60 years and over. In the two age groups 20-29 years and 40-49 years the females show the higher death rates. In the clinical diagnostic groups the high death rate of 200 occurs in the group with other organic nervous disease. Second in order is mongolism with a rate of 66, while the group with developmental cranial anomalies is third with a rate of 43. The low death rates are observed in the groups other forms, with a rate of 17; undifferentiated, with a rate of 10; and the familial cases with a rate of 7. The males show higher death rates in the groups mongolism, with congenital cerebral spastic infantile paralyzes and post-infectious. The females show higher death rates in the groups familial, with developmental cranial anomalies, other forms and undifferentiated.

ECONOMIC STATUS OF DEATHS, 1934

Table 115 outlines the economic status of cases dying in State schools during 1934 by mental status, and shows the death rates per thousand cases under treatment of the same economic status. The total line of this table demonstrates that 16 cases died out of each 1,000 under treatment during 1934, the rates being the same for both sexes. The idiots show the high death rate of 45, the imbeciles present a death rate of 16, and the morons a rate of 5. Rather oddly, the group not mentally defective presents the second highest death rate of 26. In these totals the females present higher death rates in the idiots, the morons and the not mentally defective. The males show a slightly higher death rate in but one group, that of the imbeciles. Turning to the totals of the economic status groups we observe that the dependent cases show the low death rate of 15, 10 for the males and 18 for the females. The marginal group is next in order with a rate of 17, 19 for the males and 15 for the females. The comfortable group is third with the highest death rate of 23, 22 for the males and 23 for the females. The high death rate in the comfortable group is accounted for by the fact that all of these deaths were in the idiot classification.

AVERAGE AGE AT DEATH BY MENTAL STATUS

Table 116 and Graph 14 outline the average age at death in State schools during 1934 by mental status. The totals show an average of 23.0 years at death for all cases dying, 20.3 years for the males and 25.5 years for the females. The group not mentally defective showed the lowest average age at death of 17.7 years. The imbeciles are next with an average of 18.5 years. We then see a decided jump to an average age of 25.6 years at death for the idiots and to an even higher age of 30.1 years at death for the morons. The imbeciles are the only group in which the higher age at death is seen among the males, 19.5 years as compared with 17.5 years for the females. In the other mental status groups the female idiots averaged eleven years older than the males; in the morons they averaged nine years older than the males and in the group not mentally defective they averaged seven years older than the males. In general, this result reflects the

TABLE 114. — Deaths at State Schools, 1934, by Clinical Diagnoses and Age at Death: Rates per 1,000 Cases under Treatment¹ of Same Clinical Group and Age

CLINICAL DIAGNOSES	TOTAL			0-9 YEARS			10-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	3.	9.	7.	14.	—	9.	3.	14.	8.	—	11.	7.	—	—	—	—	13.	12.	—	—	—	—	—	—
Mongolism	88.	44.	66.	83.	111.	100.	85.	—	48.	42.	45.	43.	500.	—	143.	200.	—	125.	—	—	—	—	—	—
Developmental cranial anomalies	30.	61.	43.	91.	—	37.	33.	111.	51.	—	182.	83.	—	—	—	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralysis	42.	33.	38.	91.	91.	91.	36.	34.	35.	34.	42.	38.	—	—	—	91.	—	53.	—	—	—	—	—	—
Post-infectious	39.	36.	37.	154.	—	67.	19.	22.	20.	—	26.	14.	77.	—	33.	—	167.	125.	200.	—	143.	—	—	—
Post-traumatic — natal	29.	—	18.	118.	—	80.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	—	45.	37.	—	—	—	—	200.	125.	—	77.	42.	167.	—	59.	250.	—	100.	—	—	—	—	—	—
With epilepsy — symptomatic	33.	33.	33.	—	143.	71.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	—	25.	15.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With endocrine disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	285.	—	200.	—	—	—	1,000.	—	1,000.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	12.	22.	17.	—	100.	67.	—	18.	16.	—	20.	11.	—	54.	33.	—	—	—	—	—	333.	—	167.	—
Other forms	8.	12.	10.	25.	16.	22.	5.	—	3.	3.	16.	10.	14.	11.	12.	—	13.	7.	26.	50.	30.	—	111.	56.
Undifferentiated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	16.	16.	16.	42.	35.	39.	13.	10.	12.	4.	19.	12.	18.	8.	12.	21.	26.	24.	29.	14.	21.	63.	43.	51.

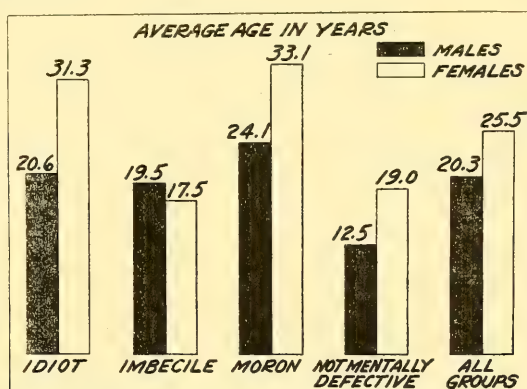
¹Cases under treatment include the resident population on September 30, 1934 plus all discharges and deaths during the year 1934.

finding observed in the general population, namely, younger ages at death for males as compared with females. However, the difference is much more pronounced among these cases than among the sexes in the population death rates.

TABLE 116. — *Average Age of Deaths in State Schools, 1934, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE AGE AT DEATH IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	18	16	34	20.66	31.34	25.69
Imbecile	17	16	33	19.50	17.56	18.56
Moron	4	8	12	24.12	33.12	30.12
Not Mentally Defective	1	4	5	12.50	19.00	17.70
Total	40	44	84	20.31	25.53	23.04

(See Table 229 for detail).



GRAPH 14. — AVERAGE AGE AT DEATH OF PATIENTS DYING IN STATE SCHOOLS, 1934, BY MENTAL STATUS AND SEX.

LENGTH OF RESIDENCE IN STATE SCHOOLS OF ALL PATIENTS DYING, 1934, BY MENTAL STATUS

Table 117 gives the length of school stay of cases dying in State schools during 1934 by mental status. The totals reveal that all cases dying remained an average of 9.9 years previous to death, 10.3 years for the males and 9.5 years for the females. The lowest average length of stay occurs in the group not mentally defective with 2.8 years. The idiot group shows an average residence before death of 9.1 years; the imbecile group 10.6 years; and the moron group 13.4 years. If we discard the group not mentally defective because of the small number of cases involved, we observe a correlation between intellectual status and longer lengths of school stay previous to death. In the idiot and imbecile groups the males present a longer residence than the females. However, in the moron group the length of residence for the females is about one and a half years longer than for the males.

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS, 1934, BY CLINICAL DIAGNOSES

Table 118 presents the causes of death in patients dying in State schools during 1934 according to the various clinical groupings. The totals show that the infectious diseases accounted for 39 per cent of deaths. Diseases of the respiratory system are second, accounting for 25 per cent of deaths, and diseases of the nervous system, etc., are third with 10 per cent of deaths. In discussing the clinical groups we will not include those having less than five deaths owing to the variations in small numbers. Cases of hereditary mental defect, familial, show an excess of deaths in the infectious diseases and in diseases of the respiratory system. The

mongol group shows an excess in diseases of the respiratory system, infectious diseases and congenital malformations. Developmental cranial anomalies are high in infectious diseases and in congenital malformations. Cases with congenital cerebral spastic infantile paralyses are high in the infectious diseases and in the diseases of the digestive system. The post-infectious group is high in infectious diseases and in diseases of the respiratory system as causes of death. The group other forms is high in infectious diseases and in diseases of the nervous system. The undifferentiated group shows high percentages of deaths among the infectious diseases and diseases of the respiratory system. The small number of deaths for a single year renders unreliable comparative statistics between the clinical groups. However, with the accumulation of years we will have more reliable data at hand.

TABLE 117. — *Length of School Residence During All Admissions, Deaths in State Schools, 1934, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	18	16	34	9.71	8.41	9.10
Imbecile	17	16	33	10.79	10.53	10.67
Moron	4	8	12	12.46	14.00	13.48
Not Mentally Defective	1	4	5	7.50	1.71	2.87
Total	40	44	84	10.39	9.59	9.97

(See Table 232 for detail).

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS DURING 1934, BY MENTAL STATUS

Table 119 gives the percentage distribution of all causes of death of patients who died at State schools in 1934, by mental status. Causes of death showing the highest proportions are: tuberculosis of the respiratory system, 27.3 per cent; bronchopneumonia, 19.0 per cent; congenital malformations, 8.3 per cent; and lobar pneumonia, 5.9 per cent. In considering the individual mental status groups, we observe that the more prevalent causes of death in the idiot group are tuberculosis of the respiratory system, 17.8 per cent; and bronchopneumonia, 17.8 per cent. The imbecile group presents the same two causes of death as most important: with 27.3 per cent each. The moron group showed tuberculosis of the respiratory system and cerebral hemorrhage as the two most important causes of death with 50.0 per cent and 16.8 per cent, respectively. In the group not mentally defective we find tuberculosis of the respiratory system again recorded as the most important cause of death.

It appears that diseases of the respiratory system stand out as the primary cause of death in mental defectives who died during the year 1934. We observe that 52.2 per cent of all deaths were due to respiratory diseases of some type.

AVERAGE INTELLIGENCE QUOTIENT OF DEATHS, 1934, BY CLINICAL DIAGNOSES

Table 120 outlines the average intelligence quotients of patients dying during 1934 divided into the various clinical groups. The average intelligence quotient of all patients dying was .32, .28 for the males and .35 for the females. We recall from Table 108 that the average intelligence quotient of discharges was .57, .54 for the males and .61 for the females. This shows in a striking manner how cases of higher intelligence are discharged while those of lower intelligence contribute more materially to the deaths. The higher average I.Q.'s at death are seen in the groups other forms, with .61; with other organic nervous diseases, .60; with endocrine disorders, .45; and familial, .43. The lower averages at death are observed in the groups with epilepsy — symptomatic, .05; with epilepsy — idiopathic, .17; and mongolism, with congenital cerebral spastic infantile paralyses and post-traumatic — natal, .20 each. In the groups mongolism, with congenital cerebral spastic infantile paralyses, with epilepsy — idiopathic and other forms the

TABLE 118. — *Causes of Death of Patients Dying in State Schools, 1934, by Clinical Diagnosis and Sex: Number and Percentage Distribution*

CAUSES OF DEATH			Total		Familial		Mongolism		With develop- mental cranial anomalies		With con- genital cere- bral spastic infantile paralyses		Post infectional		Post traumatic — natal	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Infectious and parasitic diseases	33	39.3	7	63.6	4	26.6	3	60.0	3	42.9	4	40.0	—	—	—	—
II. Cancer and other tumors	1	1.2	—	—	1	6.7	—	—	—	—	—	—	—	—	—	—
III. Rheumatic diseases, nutritional diseases, Diseases of the endocrine glands and other general diseases	2	2.4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VI. Diseases of the nervous system and of the organs of special sense	9	10.7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VII. Diseases of the circulatory system	4	4.7	—	—	1	6.7	—	—	—	—	—	—	—	—	—	—
VIII. Diseases of the respiratory system	21	25.0	2	9.1	5	33.3	—	—	—	—	1	10.0	—	—	2	100.0
IX. Diseases of the digestive system	3	3.6	2	18.2	—	—	—	—	—	—	4	40.0	—	—	—	—
X. Diseases of the genito-urinary system	3	3.6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIV. Congenital malformations	7	8.3	1	9.1	1	6.7	—	—	—	—	—	—	—	—	—	—
XVII. Violent and accidental deaths	1	1.2	—	—	3	20.0	—	—	2	40.0	—	—	—	—	—	—
Total	84	100.0	11	100.0	15	100.0	5	100.0	7	100.0	10	100.0	2	100.0	2	100.0

CAUSES OF DEATH			With epilepsy — symptomatic		With epilepsy — idiopathic		With endocrine disorders		With organic nervous diseases		Other forms		Undiffer- entiated	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Infectious and parasitic diseases	—	—	—	—	—	—	—	—	1	50.0	2	33.3	9	45.0
II. Cancer and other tumors	—	—	—	—	—	—	—	—	—	—	—	—	—	—
III. Rheumatic diseases, nutritional diseases, Diseases of the endocrine glands and other general diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VI. Diseases of the nervous system and of the organs of special sense	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VII. Diseases of the circulatory system	—	—	—	—	2	50.0	—	—	1	50.0	2	33.3	2	10.0
VIII. Diseases of the respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—
IX. Diseases of the digestive system	1	100.0	1	25.0	1	25.0	1	100.0	—	—	1	16.7	2	10.0
X. Diseases of the genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	5	5.0
XIV. Congenital malformations	—	—	—	—	—	—	—	—	—	—	—	—	1	5.0
XVII. Violent and accidental deaths	—	—	—	—	1	25.0	—	—	—	—	1	16.7	1	5.0
Total	1	100.0	4	100.0	1	100.0	1	100.0	2	100.0	6	100.0	20	100.0

males show higher average intelligence quotients at death than do the females. In the groups familial, with developmental cranial anomalies, post-infectious, and undifferentiated the females present the higher averages.

TABLE 119. — *Percentage Distribution of Causes of Death and Mental Status of All Patients Who Died in State Schools during 1934*

CAUSES OF DEATH	Total	Idiot	Imbecile	Moron	Not Mentally Defective
I. Infectious and Parasitic Diseases:					
Measles	4.8	2.9	9.1	—	—
Scarlet fever	1.2	2.9	—	—	—
Dysentery	2.4	2.9	3.0	—	—
Acute poliomyelitis	1.2	—	—	8.3	—
Tuberculosis of the respiratory system	27.3	17.8	27.3	50.0	40.0
Tuberculosis of other organs	1.2	2.9	—	—	—
Disseminated tuberculosis	1.2	—	3.0	—	—
II. Cancer and other Tumors:					
Cancer and other malignant tumors	1.2	—	3.0	—	—
III. Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:					
Diabetes mellitus	1.2	—	3.0	—	—
Other general diseases	1.2	2.9	—	—	—
VI. Diseases of the Nervous System and of the organs of special sense:					
Other diseases of the spinal cord	4.8	2.9	3.0	8.3	20.0
Cerebral hemorrhage	3.5	2.9	—	16.8	—
Epilepsy	2.4	5.9	—	—	—
VII. Diseases of the Circulatory System:					
Endocarditis	4.8	5.9	—	8.3	20.0
VIII. Diseases of the Respiratory System:					
Bronchopneumonia (including capillary bronchitis)	19.0	17.8	27.3	8.3	—
Lobar pneumonia	5.9	8.9	6.2	—	—
IX. Diseases of the Digestive System:					
Diseases of the esophagus	1.2	2.9	—	—	—
Diarrhea and enteritis	1.2	2.9	—	—	—
Other diseases of the liver	1.2	2.9	—	—	—
X. Diseases of the Genito-Urinary System:					
Nephritis	1.2	2.9	—	—	—
Diseases of the prostate	2.4	2.9	3.0	—	—
XIV. Congenital Malformations:					
Congenital malformations	8.3	8.9	9.1	—	20.0
XVII. Violent and Accidental Deaths:					
Accidental Traumatism by fall, crushing	1.2	—	3.0	—	—
Total	100.0	100.0	100.0	100.0	100.0

(See Table 233 for detail).

TABLE 120. — *Average Intelligence Quotient of Deaths in State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Familial	2	9	11	.25	.47	.43
Mongolism	10	5	15	.21	.19	.20
With developmental cranial anomalies	2	3	5	.20	.31	.27
With congenital cerebral spastic infantile paralyses	4	3	7	.22	.18	.20
Post-infectious	5	5	10	.27	.37	.32
Post-traumatic — natal	2	—	2	.20	—	.20
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	—	1	1	—	.05	.05
With epilepsy — idiopathic	2	2	4	.30	.05	.17
With endocrine disorders	—	1	1	—	.45	.45
With familial amaurosis	—	—	—	—	—	—
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	2	—	2	.60	—	.60
Other forms	2	4	6	.70	.57	.61
Undifferentiated	9	11	20	.27	.38	.33
Total	40	44	84	.28	.35	.32

(See Table 231 for detail).

AVERAGE AGE AT DEATH, 1934, BY CLINICAL DIAGNOSES

Table 121 presents the average of patients dying in State schools by clinical groupings. The average age at death was 23.0 years, 20.3 years for the males and 25.5 for the females. The clinical groups showing the highest average ages at death are with endocrine disorders, 42.5 years; post-infectious, 29.5 years; and other forms, 29.4 years. At the other extreme we have the youngest ages at death shown in the groups post-traumatic — natal with 3.5 years; with epilepsy — symptomatic, 12.5 years; and with other organic nervous disease, 12.5 years. It will be observed that the females averaged over five years older at death than the males.

TABLE 121. — *Average Age of Deaths in State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE AGE AT DEATH IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	2	9	11	12.50	24.16	22.04
Mongolism	10	5	15	18.50	9.70	15.56
With developmental cranial anomalies	2	3	5	8.00	24.17	17.70
With congenital cerebral spastic infantile paralyses	4	3	7	22.75	15.83	19.78
Post-infectious	5	5	10	23.50	35.50	29.50
Post-traumatic — natal	2	—	2	3.50	—	3.50
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	—	1	1	—	12.50	12.50
With epilepsy — idiopathic	2	2	4	35.00	13.00	24.00
With endocrine disorders	—	1	1	—	42.50	42.50
With familial amaurosis	—	—	—	—	—	—
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	2	—	2	12.50	—	12.50
Other forms	2	4	6	40.25	24.00	29.41
Undifferentiated	9	11	20	21.16	34.36	28.42
Total	40	44	84	20.31	25.53	23.04

(See Table 230 for detail).

TABLE 122. — *Average Length of Residence During This Admission of Patients Dying in State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	2	9	11	6.56	5.06	5.34
Mongolism	10	5	15	9.06	1.17	6.43
With developmental cranial anomalies	2	3	5	1.50	8.54	5.72
With congenital cerebral spastic infantile paralyses	4	3	7	10.65	6.95	9.07
Post-infectious	5	5	10	9.21	15.50	12.32
Post-traumatic — natal	2	—	2	1.81	—	1.81
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	—	1	1	7.50	—	7.50
With epilepsy — idiopathic	2	2	4	20.00	6.31	13.15
With endocrine disorders	—	1	1	—	.12	.12
With familial amaurosis	—	—	—	—	—	—
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	2	—	2	4.00	—	4.00
Other forms	2	4	6	2.25	5.46	4.39
Undifferentiated	9	11	20	6.11	9.72	8.10
Total	40	44	84	9.91	8.45	9.15

LENGTH OF RESIDENCE DURING THIS ADMISSION, ALL PATIENTS DYING DURING 1934, BY CLINICAL DIAGNOSES

Table 122 gives the average length of school stay of deaths during 1934 by clinical groupings. Cases dying in State schools during 1934 had remained an average of 9.1 years previous to death, 9.9 years for the males and 8.4 years for the females. The longest time in residence occurs in the groups epilepsy — idio-

pathic with 13.1 years; post-infectious with 12.3 years; and with congenital cerebral spastic infantile paralyses with 9.0 years. The shorter average lengths of residence are seen in the groups with endocrine disorders, .12 years; post-traumatic — natal, 1.8 years; and with other organic nervous diseases, 4.0 years. In the groups familial, mongolism, with congenital cerebral spastic infantile paralyses, and with epilepsy — idiopathic we note that the males show longer periods in residence than do the females. In the groups with developmental cranial anomalies, post-infectious, other forms and undifferentiated the females demonstrate the longer periods in residence.

Section K. All Cases in Residence in State Schools on September 30, 1934

The following section is devoted to a discussion of various factors in the resident population of State schools on September 30, 1934.

MENTAL STATUS OF PATIENTS RESIDENT IN STATE SCHOOLS, 1934, BY SCHOOL

Table 123 presents the mental status of cases resident in the three State schools on September 30, 1934, giving the percentage distribution of each by school. Considering the totals, we observe that idiots made up 14 per cent of the resident population, 16 per cent of the males and 12 per cent of the females. The imbecile group constituted 40 per cent of the resident population, 41 per cent of the males and 38 per cent of the females. The morons comprised 42 per cent of cases, 38 per cent of the males and 46 per cent of the females. The group not mentally defective made up 3 per cent of the resident population in State schools, 3 per cent of the males and 2 per cent of the females. We note that the males exceed the females in the idiot, imbecile and not mentally defective groups. The females exceed the males in the moron group only. Turning to the three State schools we observe that Wrentham has the largest percentage of the idiots, 15.8 per cent. The Walter E. Fernald State School has the largest proportion of imbeciles with 44.5 per cent. Belchertown has the largest proportion of morons with 52.8 per cent. In the group not mentally defective Wrentham again leads with 3.9 per cent. Apparently Wrentham has more of the very low and the very high grade cases, the Fernald State School specializes in the imbeciles, while Belchertown shows higher percentages of the morons.

AGE AT ADMISSION AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN RESIDENCE, 1934

Table 124 presents material on the *age at admission* and average length of school stay of all cases in residence in State schools on September 30, 1934, by sex. Of the resident population we observe that 1,484 cases were admitted between the ages of 10 and 14 years; 1,406 were admitted between the ages of 5 and 9 years; and 936 between 15 and 19 years. A total of 3,143 or 63 per cent of all the resident population were admitted during the ages up to 14 years. We note a rapid falling off in the numbers of cases admitted in the higher age groupings, very few of the resident population being admitted after the age 30.

In comparing the sexes, we note that the males are in the majority in the admission age groups under 5 years, 5-9 years, and 10-14 years, a total of 1,808 of the resident males being admitted during these ages as compared with 1,335 for the females. However, in admission ages over 15 years, we find the females predominating, or 1,223 cases of the resident females admitted in these age groups as compared with 567 for the males. Males tend to be admitted under the age of 14 years, as 76 per cent of all male admissions fall in this group. Among the females, however, the distribution of admission ages shows a more uniform spread, presenting relatively large numbers in admission age groups above 15 years. The tendency for females to predominate in the higher admission ages is reflected in the average age at admission for the two sexes. The average admission age of both sexes in residence is 14.2 years; for the females 16.0 years, and for the males 12.3 years.

In turning to the second section of this table, we note that cases admitted between 20 and 24 years have remained the longest average time, that of 11.24 years. Cases admitted in the age groups 15-19 years, 25-29 years, 30-34 years, 35-39 years and 45-49 years also have relatively long average periods of residence. The shortest average length of residence occurs in the group admitted under 5 years of age, an average of 7.54 years.

TABLE 124. — *Average Length of School Residence During This Admission, All Patients in Residence in State Schools on September 30, 1934, by Age at Admission and Sex*

AGE GROUPS	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	142	111	253	8.17	6.73	7.54
5- 9 years	873	533	1,406	8.90	8.60	8.79
10-14 years	793	691	1,484	10.26	9.28	9.81
15-19 years	346	590	936	11.27	9.61	10.23
20-24 years	108	299	407	11.11	11.29	11.24
25-29 years	48	143	191	11.90	10.30	10.70
30-34 years	22	94	116	11.36	10.66	10.80
35-39 years	21	52	73	11.43	9.73	10.21
40-44 years	10	23	33	11.00	8.97	9.59
45-49 years	6	12	18	10.83	10.11	10.35
50-54 years	3	8	11	9.16	8.12	8.41
55-59 years	3	2	5	6.96	10.00	8.17
60 years and over	—	—	—	—	—	—
Total	2,375	2,558	4,933			
Average Admission Age and Average Length of Residence	12.33	16.06	14.27	10.01	9.59	9.79

PRESENT AGE AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN RESIDENCE, 1934

Table 125 compares the *present age* and average length of school stay of patients in residence on September 30, 1934. Here it will be observed that the majority of resident cases fell in the age group 15-19 years, with 989 patients within that classification on September 30, 1934. Eight hundred and twenty patients are found to be within the age group 20-24 years, while 766 patients are found in the age group 10-14 years. Whereas we found in the previous table (Table 124) that the majority of cases fell in the age groups between 5 and 19 years, Table 125 indicates that the present age of these patients shows the greater numbers in the age groups between 10 and 24 years, a difference of five years.

TABLE 125. — *Average Length of School Residence During This Admission, All Patients in Residence in State Schools on September 30, 1934, by Present Age and Sex*

AGE GROUPS	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	24	33	57	.67	.76	.73
5- 9 years	245	179	424	2.18	2.01	2.11
10-14 years	480	286	766	3.86	3.45	3.70
15-19 years	510	479	989	6.90	5.16	6.06
20-24 years	387	433	820	10.16	8.25	9.15
25-29 years	249	370	619	14.16	11.04	12.29
30-34 years	161	263	424	16.77	13.49	14.73
35-39 years	105	197	302	19.78	15.49	16.98
40-44 years	86	127	213	23.60	17.87	20.18
45-49 years	47	97	144	26.01	18.17	20.73
50-54 years	43	45	88	29.15	24.00	26.51
55-59 years	23	27	50	29.80	27.28	28.44
60-64 years	14	14	28	29.46	24.03	26.75
65-69 years	1	4	5	12.50	21.37	19.60
70 years and over	—	4	4	—	41.62	41.62
Total	2,375	2,558	4,933			
Average Present Age and Average Length of Residence	21.88	25.26	23.63	10.01	9.59	9.79

Excluding the group 70 years and over because of the small number of cases concerned, we find the longest average length of residence among those cases whose present age is between 55 and 59 years, 28.44 years. The age groups 60-64 years and 50-54 years are next in order with 26.75 and 26.51 years, respectively.

TABLE 126. — Admission Ages of All Patients in Residence in State Schools on September 30, 1934, by Nativity, Parentage and Sex

ADMISSION AGE	AGGREGATE			TOTAL			NATIVE BORN					
							NATIVE			FOREIGN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	142	111	253	142	111	253	66	58	124	34	27	61
5-9 years	873	533	1,406	851	521	1,372	342	209	551	239	158	397
10-14 years	793	691	1,484	758	664	1,422	306	246	552	218	204	422
15-19 years	346	590	936	329	564	893	113	206	319	98	150	248
20-24 years	108	299	407	105	276	381	46	94	140	29	70	99
25-29 years	48	143	191	44	131	175	14	49	63	9	35	44
30-34 years	22	94	116	20	80	100	11	34	45	4	23	27
35-39 years	21	52	73	19	43	62	12	17	29	4	6	10
40-44 years	10	23	33	9	18	27	6	10	16	1	2	3
45-49 years	6	12	18	6	11	17	-	5	3	2	1	3
50-54 years	3	8	11	2	7	9	1	2	3	1	1	2
55-59 years	3	2	5	3	2	5	2	1	3	-	1	1
60 years and over	-	-	-	-	-	-	-	-	-	-	-	-
Total	2,375	2,558	4,933	2,288	2,428	4,716	919	931	1,850	639	678	1,317
Average Age	12.33	16.06	14.27	12.23	15.75	14.04	12.23	15.55	13.90	12.08	15.05	13.61

TABLE 126. — Admission Ages of All Patients in Residence in State Schools on September 30, 1934, by Nativity, Parentage and Sex — Concluded

ADMISSION AGES	NATIVE BORN — Con.						FOREIGN BORN						NATIVITY UNKNOWN					
	PARENTAGE — Con.						UNKNOWN											
	MIXED																	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	40	26	66	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	244	145	389	26	9	35	15	8	23	15	8	23	7	4	—	7	4	—
10-14 years	204	189	393	30	25	55	26	25	51	26	25	51	9	2	11	9	2	11
15-19 years	98	169	267	20	39	59	11	36	36	11	36	36	6	1	7	6	1	7
20-24 years	24	85	109	6	27	33	3	22	25	3	22	25	—	—	—	—	—	—
25-29 years	20	35	55	1	12	13	4	19	23	4	19	23	—	—	—	—	—	—
30-34 years	4	17	21	1	6	7	—	—	14	—	—	14	—	—	—	—	—	—
35-39 years	3	15	18	—	5	5	2	13	15	2	13	15	—	—	—	—	—	—
40-44 years	2	5	7	—	1	1	1	8	10	1	8	10	—	—	—	—	—	—
45-49 years	3	4	7	1	1	2	—	5	6	1	5	6	—	—	—	—	—	—
50-54 years	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55-59 years	1	—	1	—	—	—	—	—	2	1	1	2	—	—	—	—	—	—
60 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	643	694	1,337	87	125	212	65	118	183	65	118	183	22	12	34	22	12	34
Average Age	12.21	15.99	14.17	14.59	19.78	17.65	16.03	22.16	19.98	16.03	22.16	19.98	12.27	18.33	14.41	12.27	18.33	14.41

It is interesting to observe in this table the great increase in length of school stay as the present age of the patient increases, showing that many of these cases were admitted at comparatively young ages and have had long terms of residence within the State school.

The average present age of resident patients is 23.6 years, making a difference of 9.4 years between this age and the average age at admission, 14.2 years. The average present age of males is 21.8 years, and that of the females, 25.2 years, the females averaging 3.4 years older than the males. The average length of residence for all patients was 9.7 years, 10.0 years for the males and 9.5 years for the females.

ADMISSION AGES OF PATIENTS RESIDENT IN STATE SCHOOLS, 1934, BY NATIVITY AND PARENTAGE

The average admission age for all groups in the resident population is 14.2 years; 12.3 years for males and 16.0 years for females (Table 126). The native-born of the resident population were admitted at ages five years younger than the foreign born, or 14.0 years for native-born compared with 19.9 years for the foreign born. However, the numbers of foreign born in our State schools are so small that a comparison of the figures based on the parentage of the native born is probably a better criterion. The native-born of foreign parentage in the resident population were admitted at an average age of 13.6 years; 12.0 years for males and 15.0 years for females. The native-born of native parentage were admitted at an average of 13.9 years; 12.2 years for males and 15.5 years for females. We noted previously that as a group the native-born were admitted at younger ages than the foreign born. Within the native-born group itself, however, we note that the native-born of foreign born parentage tend to be admitted at approximately the same ages as the native-born of native parentage.

AVERAGE ADMISSION AGE, PRESENT AGE AND LENGTH OF SCHOOL RESIDENCE, 1934

Table 127 gives us the average age at admission, the average present age and the average length of school stay of patients in residence and patients out on visit on September 30, 1934. The average present age of cases in residence was 23.6 years, 21.8 years for the males and 25.2 years for the females. At the time of admission these same cases averaged 14.2 years, 12.3 years for the males and 16.0 years for the females. The Walter E. Fernald State School shows the highest average present age of resident patients of 25.8 years, 24.8 years for the males and 27.3 years for the females. Belchertown is second with an average of 23.6 years, 21.7 years for the males and 24.9 years for the females. Wrentham shows the youngest resident age of 19.8 years, 18.0 years for the males and 21.2 years for the females.

TABLE 127. — *Average Admission Age, Average Present Age and Average School Residence of All Patients in State Schools, and Out on Visit, etc., on September 30, 1934, by School and Sex*
Cases in Residence

STATE SCHOOLS	AVERAGE AGE AT ADMISSION			AVERAGE PRESENT AGE			AVERAGE LENGTH OF SCHOOL STAY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown.	15.25	18.89	17.35	21.79	24.98	23.63	6.5	6.0	6.2
W. E. Fernald	12.08	15.43	13.51	24.80	27.33	25.88	12.7	11.9	12.3
Wrentham	10.66	14.83	13.03	18.05	21.24	19.87	7.3	6.4	6.8
Total	12.33	16.06	14.27	21.88	25.26	23.63	10.0	9.5	9.7

Cases Out of Institution

Belchertown.	14.60	20.72	17.91	23.60	29.44	26.76	9.0	8.7	8.8
W. E. Fernald	12.79	18.31	15.32	23.47	31.59	27.19	10.6	13.2	11.8
Wrentham	12.75	16.74	14.98	22.31	28.30	25.65	9.5	11.5	10.6
Total	12.87	18.06	15.60	22.96	29.37	26.34	10.0	11.3	10.7

(See Tables 234 and 235 for detail).

Turning to the third section of this table we note that cases in residence have shown an average school stay of 9.7 years, 10.0 years for the males and 9.5 years for the females. The Walter E. Fernald State School shows the longest average residence of 12.3 years, 12.7 years for the males and 11.9 years for the females. Wrentham is next in order with 6.8 years for the resident cases, 7.3 years for the males and 6.4 years for the females. Belchertown presents an average of 6.2 years, 6.5 years for the males and 6.0 years for the females. We observe in all of these institutions that the males in residence have remained from one-half to one year longer than the females.

The cases out of institutions represent those who are on visit or parole. The present age of these cases is 26.3 years, 22.9 years for the males and 29.3 years for the females. We note that the males out of institutions are one year older and the females four years older than those resident within institutions. In the three schools we note that the ages of patients out tend to be more nearly the same than those of cases in residence, with 26.7 years for Belchertown, 27.1 years for Walter E. Fernald and 25.6 years for Wrentham. In other words, cases selected for parole tend to be of about the same age irrespective of the age of the resident population from which they are drawn. These cases placed out of institutions have been under the care of the three schools about 10.7 years, 10.0 years for the males and 11.3 years for the females. We observe here that the females placed out show a longer residence than the males, which is in contrast to the longer period of residence observed in males within institutions. Again, the cases placed out tend to have remained within institutions approximately the same length of time, 11.8 years for the Walter E. Fernald State School, 10.6 years for Wrentham and 8.8 years for Belchertown. These averages approximate each other far more than the averages for cases resident in State schools as viewed in the first section of this table.

CLINICAL DIAGNOSES IN ADMISSIONS, DISCHARGES, DEATHS, RESIDENT POPULATION AND PATIENTS OUT

Table 127 (a) presents the clinical diagnosis of admissions, discharges, deaths, resident population and patients out for the year 1934. It gives us an excellent opportunity to compare the percentages for the various clinical groupings in the five different classes of patients mentioned. By inspection we may determine the tendency of certain clinical groups to predominate in admissions, discharges, deaths or in the resident population. We note that mongolism made up 10 per cent of admissions, 3 per cent of discharges, 17 per cent of deaths and but 4 per cent of the resident population. These findings suggest that few mongolians are discharged, many of them die, and that few accumulate in the resident population. A similar situation is seen in the groups with congenital cerebral spastic infantile paralyses, post-infectious, and with epilepsy — idiopathic. In each of these groups high percentages among the deaths are observed. When we come to the matter of discharge, we note that although the familial group made up 24 per cent of admissions, they showed an even higher proportion, 33 per cent of discharges. This clinical group, the group other forms, and to a lesser degree the undifferentiated group, show this tendency to high proportions among the discharges.

Certain of the clinical diagnoses show a tendency toward retention within state schools. The familial, although showing a high proportion of discharges, 33 per cent, also show a high proportion of cases in residence, 32 per cent. In addition, they make up 38 per cent of cases out of the institution on visit, parole, etc. The undifferentiated, making up 31 per cent of admissions and 35 per cent of discharges also show a high proportion, in the resident population 39 per cent and an even higher percentage in the cases out on visit, parole, etc., 49 per cent. The three clinical groups familial, undifferentiated and other forms make up 82 per cent of the discharges and 91 per cent of the cases out of state schools. Of outstanding interest here is the showing made by the familial group. We might expect that the undifferentiated group, comprised of cases not falling in the familial or other clinical classifications, would provide a type of patient highly suitable for training and possible placement on parole. Superficially, we would not expect

the familial group, with their many supposed handicaps, to constitute such a large proportion of the discharges or cases returned to the community on parole, etc.

INTELLIGENCE QUOTIENT AND ADMISSION AGE OF ALL PATIENTS IN RESIDENCE, 1934

Table 128 presents the intelligence quotients of patients in residence by age at admission. Patients making up the resident population of State schools on September 30, 1934 showed an average intelligence quotient of .44, .42 for the males and .46 for the females. Of this resident group, cases admitted between 15-19 years of age show the highest average I.Q. of .51. Those admitted between the ages 20-24 years are second with an average intelligence quotient of .49.

TABLE 127A. — *Clinical Diagnoses in Admissions, Discharges and Deaths at State Schools, 1934, and the Resident Population and Patients Out on September 30, 1934: Percentages*

CLINICAL DIAGNOSES	PERCENTAGE DISTRIBUTION				
	All Admissions	All Discharges	All Deaths	All Cases in Residence	All Cases Out
Familial	24.5	33.2	13.1	32.0	38.2
Mongolism	10.6	3.9	17.9	4.2	1.3
With developmental cranial anomalies	6.6	1.1	6.0	2.2	.8
With congenital cerebral spastic infantile paralyses	3.6	1.1	8.3	3.6	.8
Post-infectious	6.0	4.5	11.9	5.0	2.7
Post-traumatic — natal	3.2	1.1	2.4	2.4	1.3
Post-traumatic — post-natal	.8	1.1	—	.5	—
With epilepsy — symptomatic	.2	1.7	1.2	.4	—
With epilepsy — idiopathic	2.5	2.2	4.8	2.2	.8
With endocrine disorders	3.6	1.1	1.2	1.3	.4
With familial amaurosis	.6	—	—	.2	—
With tuberous sclerosis	.2	—	—	.06	—
With other organic nervous disease	—	—	2.4	.2	—
Undifferentiated	31.9	35.5	23.7	39.2	49.1
Other forms	5.7	13.5	7.1	6.5	4.6
Total	100.0	100.0	100.0	100.0	100.0

(See Table 243 for detail).

Those admitted in the age groups 25-29 and 30-34 years both show an average intelligence quotient of .46. The low average intelligence quotients are seen in cases coming in at the extremes of our age distribution. Cases admitted at 50-54 years show an average I.Q. of .35. Those admitted at 55-59 years show an average I.Q. of .39, while those admitted under the age of 5 years show the lowest average intelligence of all, that of .32 of the I.Q. scale. In considering the material presented by this table we should recall that the resident population is made up of cases who have not left the institution either through discharge or death.

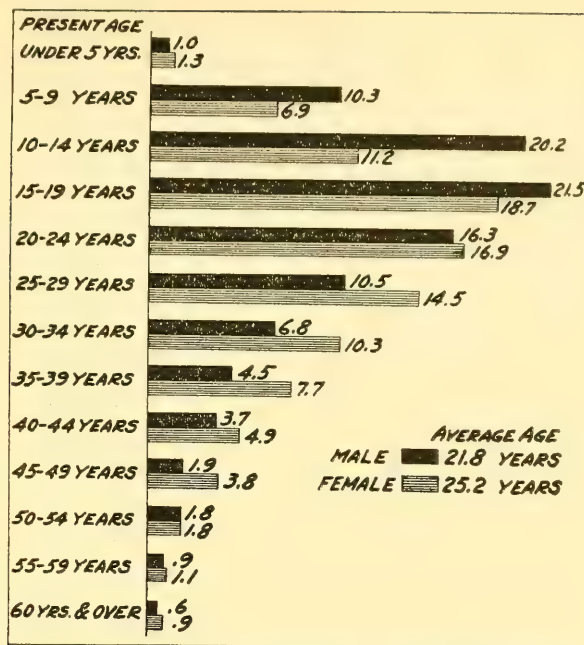
TABLE 128. — *Average Intelligence Quotient of Patients in Residence in State Schools on September 30, 1934, by Age at Admission and Sex*

ADMISSION AGE	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Under 5 years	142	111	253	.32	.33	.32
5-9 years	873	533	1,406	.40	.38	.40
10-14 years	793	691	1,484	.45	.45	.45
15-19 years	346	590	936	.47	.54	.51
20-24 years	108	299	407	.43	.51	.49
25-29 years	48	143	191	.41	.48	.46
30-34 years	22	94	116	.42	.46	.46
35-39 years	21	52	73	.37	.45	.43
40-44 years	10	23	33	.44	.44	.44
45-49 years	6	12	18	.31	.44	.40
50-54 years	3	8	11	.38	.33	.35
55-59 years	3	2	5	.35	.45	.39
60-64 years	—	—	—	—	—	—
65-69 years	—	—	—	—	—	—
70 years and over	—	—	—	—	—	—
Total	2,375	2,558	4,933	.42	.46	.44

TABLE 129. — *Present Age of Resident Population in State Schools on September 30, 1934, by School; Percentages and Averages*

PRESENT AGE	ALL SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1.0	1.3	1.2	1.4	1.0	1.3	—	—	—	2.0	2.1	2.1
5-9 years	10.3	6.9	8.6	9.0	3.9	6.0	4.9	8.4	6.4	18.6	8.1	12.6
10-14 years	20.2	11.2	15.5	16.4	10.0	12.8	19.9	10.6	15.9	23.3	12.5	17.1
15-19 years	21.5	18.7	20.0	25.2	23.6	24.3	20.9	17.0	19.3	19.6	16.5	17.8
20-24 years	16.3	16.9	16.6	18.4	19.2	18.9	15.7	14.8	15.3	15.7	16.9	16.4
25-29 years	10.5	14.5	12.5	9.6	14.3	12.3	10.8	12.3	11.4	10.7	16.2	13.9
30-34 years	6.8	10.3	8.6	9.0	10.7	9.9	6.9	8.2	7.4	5.1	11.6	8.8
35-39 years	4.5	7.7	6.2	4.8	7.2	6.2	5.9	8.2	6.9	2.2	7.8	5.3
40-44 years	3.7	4.9	4.3	2.6	4.1	3.4	5.7	6.4	6.0	1.5	4.5	3.2
45-49 years	1.9	3.8	2.9	2.7	2.8	1.9	3.7	6.4	4.9	.5	2.5	1.6
50-54 years	1.8	1.8	1.8	1.4	1.4	1.4	2.9	3.2	3.1	.5	.9	.8
55-59 years	.9	1.1	1.0	.7	.8	.8	1.6	2.3	1.0	.3	.3	.3
60-64 years	.6	.5	.6	.6	.7	.6	1.1	1.0	1.0	—	—	.1
65-69 years	.04	.2	.1	.2	.3	.2	—	.3	.1	—	—	—
70 years and over	—	.2	.1	—	.3	.2	—	.5	.2	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Present Age	21.88	25.26	23.63	21.79	24.98	23.63	24.80	27.33	25.88	18.05	21.24	19.87

(See Table 234 for detail).



GRAPH 15. — PERCENTAGE DISTRIBUTION OF PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS, SEPTEMBER 30, 1934, BY SEX.

PRESENT AGE OF ALL PATIENTS IN RESIDENCE: PERCENTAGE DISTRIBUTION

Table 129 and Graph 15 show the number and percentage distribution of present ages of all patients in residence in State schools on September 30, 1934, by sex. The age group presenting the highest percentage of resident cases is that of 15-19 years, with 20.0 per cent. Next in order are the age group 20-24 years, with 16.6 per cent, and the 10-14 year group with 15.5 per cent. We notice that the three groups, 10-14, 15-19 and 20-24 years, have a total of 52 per cent of cases. We may say then that 52 per cent of the resident population of State schools are between 10 and 24 years of age. The percentages decrease gradually to the oldest age group. We note that 3.6 per cent of patients in residence are 50 years of age or higher.

In considering the sex differences, we note that the males predominate in the younger age groups. The age groups under 5 years, 5-9 years, 10-14 years and 15-19 years contain 53.0 per cent of the males in residence. The same age groups contain but 38.1 per cent of the females in residence. However, if we take the succeeding age groups, we note that females are decidedly in the majority in all age groups over 20 years, with the exception of the age group 60-64 years. In these age groups, inclusive of the 60-64 year group, we note that there is a percentage of 47.0 for the males as compared with a percentage of 61.9 for the females. These differences are revealed somewhat in the average present age for both sexes, 23.6 years. The females average 3.4 years higher than the males, the average present age for the females being 25.2 years, and for the males 21.8 years.

The Walter E. Fernald State School shows the highest average present age of resident population with 25.8 years; 24.8 for males and 27.3 for females. Wrentham shows the lowest average, that of 19.8 years; 18.0 for males and 21.2 years for females. These average ages are reflected in the percentage distributions which show larger numbers of males in the lower age groups. Of the total resident population, Wrentham presents 14.7 per cent under 10 years of age; Belchertown, 7.3 per cent; and Walter E. Fernald State School, 6.6 per cent.

LENGTH OF SCHOOL RESIDENCE AND INTELLIGENCE QUOTIENT OF ALL
CASES IN RESIDENCE, 1934

Table 130 presents the length of school stay of patients in residence by intelligence quotients. In the totals we note that the I.Q. group .50-.59 presents the largest number of cases in residence, namely, 981. The I.Q. group .40-.49 is second with 929 patients, and the group .60-.69 is third with 787 patients. But 12 cases were present in all three schools with I.Q.'s of .90 or over. These are chiefly difficult behavior problems or cases simply held temporarily. Two hundred and forty-two cases showed intelligence quotients up to .09, while 421 cases had I.Q.'s between .10-.19. These numbers, of course, do not represent the occurrence of these various intelligence quotient groupings in the community. We know that we have vastly larger percentages of the lower grade cases within our State schools than those of the higher mental ratings.

TABLE 130. — *Average Length of School Residence of Patients in Residence in State Schools on September 30, 1934, by Intelligence Quotient and Sex*

INTELLIGENCE QUOTIENT	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
0-.09	128	114	242	11.27	12.86	12.02
.10-.19	243	178	421	11.16	11.25	11.20
.20-.29	288	267	555	12.53	10.18	11.40
.30-.39	322	305	627	12.35	10.32	11.36
.40-.49	463	466	929	11.76	11.21	11.49
.50-.59	439	542	981	8.25	8.90	8.61
.60-.69	327	460	787	6.12	7.45	6.90
.70-.79	141	186	327	5.72	6.96	6.43
.80-.89	18	34	52	5.52	9.42	8.07
.90 and over	6	6	12	9.00	16.83	12.91
Total	2,375	2,558	4,933	10.01	9.59	9.79

(See Table 239 for detail).

In reference to the length of school residence we observe that the I.Q. group 0-.09 has remained in residence 12.0 years. The .10-.19 group has remained 11.2 years and the I.Q. group .20-.29 has remained an average of 11.4 years. In the .50-.59 I.Q. group there is a decided decrease in length of residence to 8.61 years, a still further decrease in the .60-.69 I.Q. group to 6.90 years, while the shortest length of residence is observed in the I.Q. group .70-.79 with 6.43 years. The two remaining I.Q. groups contained very small numbers of cases of a highly specialized type and for that reason should not be compared with the other groups showing vastly larger numbers. It will be observed that in the I.Q. groups 0-.09 and .10-.19 the females show a longer average school stay than the males. In the I.Q. groups .20-.29, .30-.39 and .40-.49 the males show the longer school residence. The females show the longer residence in the remaining I.Q. groups. The excess of females in these latter groups is much more marked than in the lower I.Q. groupings.

POPULATION OF PLACE OF RESIDENCE, ALL CASES RESIDENT IN STATE
SCHOOLS, 1934, BY MENTAL STATUS

Table 131 presents the population of place of residence of all cases within State schools on September 30, 1934, by mental status and gives the rates of admission per 100,000 of the population of the same population groups.

In the total rates we note that the villages, 0-2,499 population, show the highest rate of 167. The rates then gradually decrease from this high point to the low rate of 91 in the population group 50,000-99,999. The rates then rise to a second high point of 136 in the largest population units of 250,000 and over. Evidently mental deficiency shows its highest occurrence in the smallest and the largest communities with a decidedly lower occurrence in the intermediate cities. The idiot group presents its high rate of 21 in the largest cities. The imbecile group presents its high rate in admissions from the villages with 63, and its second highest rate in admissions from the largest cities, 61. The morons present their

TABLE 131. — *Population of Place of Residence in State Schools on September 30, 1934, by Mental Status: Numbers and Rates per 100,000 of Same Population Units 1930 Census*

POPULATION UNITS		Population in Each Unit, 1930 Census	RESIDENT POPULATION IN STATE SCHOOLS									
			Total		Idiot		Imbecile		Moron		Not Mentally Defective	
			No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
0-2,499	.	199,957	335	167.5	35	17.5	127	63.5	163	81.5	10	5.0
2,500-9,999	.	544,976	685	125.6	73	13.3	250	45.8	326	59.8	36	6.6
10,000-24,999	.	693,428	762	109.8	95	13.7	291	41.9	361	52.0	15	2.1
25,000-49,999	.	576,467	543	94.1	84	14.5	231	40.0	211	36.6	17	2.9
50,000-99,999	.	460,411	422	91.6	63	13.6	177	38.4	172	37.3	10	2.1
100,000-249,999	.	993,187	1,100	110.7	176	17.7	415	41.7	475	47.8	34	3.4
250,000+	.	781,188	1,064	136.2	170	21.7	479	61.3	386	49.4	29	3.7
Unknown	.	—	22	—	3	—	8	—	9	—	2	—
Total	.	4,249,614	4,933	116.0	699	16.4	1,978	46.5	2,103	49.4	153	3.6

(See Table 237 for detail).

high rate of 81 in the villages and show their next highest rate of 59 in the following population group, the smaller towns. Their lowest rate of 36 is evident in the intermediate cities, 25,000-49,999 population. The group not mentally defective shows its highest rates of 5 and 6 in the villages and the smaller towns. Viewing this table as a whole we note that the moron and not mentally defective groups tend to show higher rates in the villages and smaller communities. The imbeciles are fairly well balanced, showing about the same rates coming from the village as from the larger cities. However, the idiots reverse this and tend to show higher proportions from the largest communities.

COUNTY OF RESIDENCE OF RESIDENT POPULATION ON SEPTEMBER 30, 1934,
AND ALL ADMISSIONS, 1934; RATES PER 100,000 OF STATE POPULATION

Table 132 and Graph 16 give the county of residence for all *admissions* during 1934 and also for all cases in residence on September 30, 1934. The first section of this table gives the counties of residence of all cases in residence in State schools on September 30, 1934, and also presents the rates per 100,000 of the population of these counties estimated as of 1934. The counties having the highest proportionate representation in our State schools at the end of the statistical year were as follows: Franklin with 207 persons in residence in State schools per 100,000 of the population of that county; Hampshire, 176; Barnstable, 148; Suffolk, 131, and Berkshire, 124. Counties presenting the lowest rates for patients in residence in State schools are: Nantucket, 73; Dukes, 79; and Norfolk, 83. The rate for the entire State was 113 persons in residence in State schools per 100,000 of the estimated population of the State, 1934.

TABLE 132. — *County of Residence of Resident Population in State Schools on September 30, 1934, and All Admissions, 1934: Rates per 100,000 of State Population*¹

COUNTIES	ALL CASES IN RESIDENCE SEPTEMBER 30, 1934			RATE PER 100,000 POPULATION OF SAME COUNTY	ALL CASES ADMITTED DURING YEAR ²			RATE PER 100,000 POPULATION OF SAME COUNTY
	M.	F.	T.		M.	F.	T.	
Franklin	51	52	103	207.	9	4	13	26.
Hampshire	50	75	125	176.	5	9	14	19.
Barnstable	20	31	51	148.	4	3	7	20.
Suffolk	555	601	1,156	131.	43	48	91	10.
Berkshire	61	89	150	124.	6	6	12	9.
Hampden	210	205	415	121.	19	21	40	11.
Middlesex	544	579	1,123	112.	51	54	105	10.
Worcester	263	267	530	107.	33	34	67	13.
Bristol	179	170	349	99.	20	18	38	10.
Essex	233	242	475	95.	16	15	31	6.
Plymouth	59	92	151	93.	6	12	18	11.
Norfolk	137	139	276	83.	15	18	33	10.
Dukes	1	3	4	79.	—	1	1	—
Nantucket	—	3	3	73.	—	—	—	—
Non-Residents	12	10	22	—	—	1	1	—
Unknown	—	—	—	—	—	—	—	—
Total	2,375	2,558	4,933	113.	227	244	471	10.

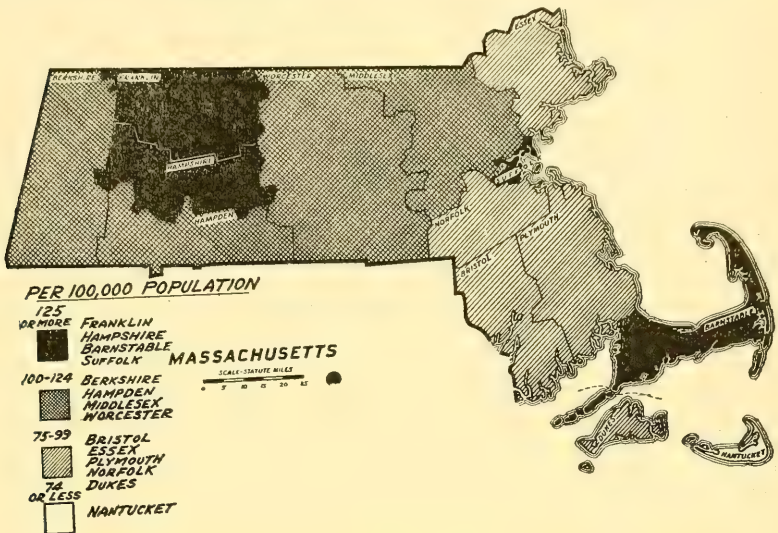
(See Table 242 for detail).

¹Population estimated for 1934.

²Does not include transfers.

In the second section of this table we have calculated rates for the number of persons admitted to the State schools during 1934 per 100,000 population of the same county of residence. We note that Franklin and Barnstable Counties show the highest rates with 26 and 20 persons, respectively, admitted to State schools during 1934 per 100,000 of the population of these counties. Next in order are Hampshire and Dukes, 19 each, Worcester with 13, and Hampden and Plymouth with 11 persons admitted per 100,000 of the population of these counties. The rate of admission for all counties combined is 10. This rate should not be taken as typical of the incidence of mental deficiency, or the rate that mental defectives are coming to the attention of the authorities. This indicates simply the number of cases that the institutions were able to admit during the last statistical year.

Graph 16 presents the patients resident in State schools on September 30, 1934 outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations within our State schools. As has been mentioned previously, Franklin has the largest proportion of population resident within State schools, and Hampshire and Barnstable counties are the second and third position, respectively. Nantucket County apparently has the lowest relative representation.



GRAPH 16. — PATIENTS RESIDENT IN STATE SCHOOLS, 1934. RATES PER 100,000 POPULATION OF SAME COUNTY.

TABLE 133. — Average Intelligence Quotient of Patients Resident in State Schools, September 30, 1934, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Familial	640	941	1,581	.50	.53	.52
Mongolism	99	106	205	.23	.28	.26
With developmental cranial anomalies	64	45	109	.30	.30	.30
With congenital cerebral spastic infantile paralyzes	90	87	177	.34	.29	.31
Post-infectious	121	128	249	.43	.45	.44
Post-traumatic — natal	64	41	105	.32	.33	.32
Post-traumatic — post-natal	12	17	29	.47	.44	.45
With epilepsy — symptomatic	5	8	13	.27	.37	.35
With epilepsy — idiopathic	55	57	112	.29	.27	.28
With endocrine disorders	24	38	62	.34	.36	.35
With familial amaurosis	9	4	13	.38	.37	.38
With tuberculous sclerosis	3	—	3	.08	—	.08
With other organic nervous disease	5	3	8	.43	.55	.47
Other forms	159	162	321	.42	.41	.42
Undifferentiated	1,025	911	1,936	.42	.47	.44
Total	2,375	2,558	4,933	.42	.46	.44

(See Table 236 for detail).

INTELLIGENCE QUOTIENT AND CLINICAL DIAGNOSES OF ALL PATIENTS IN RESIDENCE, 1934

Table 133 presents the average intelligence quotients of patients within State schools by clinical groupings. The average intelligence quotient of all cases was found to be .44, .42 for the males and .46 for the females. This is intermediate between the average intelligence quotient of .57 for the discharges and .32 for

cases dying during the year. The familial group shows the highest average I.Q. of .52. Other organic nervous disease is second with an average I.Q. of .47. The group post-traumatic — post-natal is third with an average I.Q. of .45. The lower average intelligence quotients are noted in the groups with tuberous sclerosis, .08; mongolism, .26; and with epilepsy—idiopathic, .28. In the clinical groups with congenital cerebral spastic infantile paralyses, post-traumatic — post-natal, with epilepsy — idiopathic, with familial amaurosis, and other forms, the males presented higher average intelligences than the females.

ADMISSION AGES AND PRESENT AGES OF RESIDENT POPULATION, 1934
BY CLINICAL DIAGNOSES

Table 134 gives the average admission age and the average present age of patients in residence in State schools by clinical diagnoses. The resident population presented an average present age of 23.6 years, 21.8 years for the males and 25.2 years for the females. These same cases at the time of admission averaged 14.2 years, with an average of 12.3 years for the males and 16.0 years for the females. The highest average present age is seen in the group with epilepsy — symptomatic, 30.2 years. The undifferentiated are second with 29.6 years, and the group with congenital cerebral spastic infantile paralyses third with 26.3 years. The lowest average present ages are seen in the groups with tuberous sclerosis, 15.0 years; mongolism, 16.8 years; with developmental cranial anomalies, 18.9 years; and post-traumatic — natal, 19.7 years. In the majority of the clinical groups the averages for the sexes follow the excess for the females which is observed in the totals. However, in the groups mongolism, with developmental cranial anomalies, with epilepsy — symptomatic, with endocrine disorders, and with familial amaurosis the males show higher average present ages.

TABLE 134. — *Average Admission Age and Average Present Age of All Patients in Residence in State Schools on September 30, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	AVERAGE ADMISSION AGE			AVERAGE PRESENT AGE		
	M.	F.	T.	M.	F.	T.
Familial	12.23	16.82	14.96	19.64	25.39	23.00
Mongolism	10.13	11.54	10.86	17.02	16.66	16.83
With developmental cranial anomalies	10.98	8.92	10.46	20.07	17.44	18.99
With congenital cerebral spastic infantile paralyses	12.25	13.37	12.80	24.59	28.22	26.38
Post-infectious	13.14	14.75	13.97	22.77	24.12	23.46
Post-traumatic — natal	9.71	13.73	11.28	17.67	23.09	19.79
Post-traumatic — post-natal	8.50	13.73	11.56	13.12	32.26	24.34
With epilepsy — symptomatic	10.70	18.94	17.15	31.00	30.00	30.21
With epilepsy — idiopathic	11.42	14.28	12.88	19.19	26.03	22.67
With endocrine disorders	10.08	13.86	12.40	22.39	21.17	21.64
With familial amaurosis	13.05	14.00	13.34	28.33	13.62	23.80
With tuberous sclerosis	9.16	—	9.16	15.00	—	15.00
With other organic nervous disease	8.90	24.16	14.62	13.90	38.33	23.06
Other forms	14.14	17.03	15.60	23.42	25.63	24.46
Undifferentiated	12.66	16.16	14.54	28.09	31.16	29.64
Total	12.33	16.06	14.27	21.88	25.26	23.63

LENGTH OF SCHOOL RESIDENCE OF RESIDENT POPULATION, 1934,
BY CLINICAL DIAGNOSES

Table 135 presents the average length of stay during this admission of all patients in residence in State schools by clinical diagnoses. Out of a total of 4,933 resident cases, 2,375 were males and 2,558 were females. In many of the clinical groups the sexes are quite evenly balanced in numbers. However, we note an excess of males in the groups with developmental cranial anomalies, with congenital cerebral spastic infantile paralyses, post-traumatic — natal, with familial amaurosis, with other organic nervous disease and in the undifferentiated. The females show an excess in the groups familial, mongolism, post-infectious, post-traumatic — post-natal, with epilepsy — symptomatic, with epilepsy — idiopathic, with endocrine disorders and in other forms.

In reference to the length of school stay we observe that the groups other forms, with 14.2 years; epilepsy — symptomatic, with 13.8 years; and with familial amaurosis, 12.5 years show the longest periods of school residence. The shorter periods of school residence are viewed in the groups with tuberous sclerosis, 5.0 years; mongolism, 6.2 years; and in the familial group with 8.5 years. Temporarily discarding the groups showing fewer than thirty cases in residence and disregarding the clinical groups in which the sexes are fairly well balanced, we note interesting differences in certain of the clinical groups. In mongolism, developmental cranial anomalies, endocrine disorders and the undifferentiated, the males show definitely longer periods within State schools. In the groups familial, post-traumatic — natal and with epilepsy — idiopathic, we observe that the females show the longer periods in residence.

TABLE 135. — *Average Net Residence During This Admission of All Patients in Residence in State Schools on September 30, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	640	941	1,581	7.78	8.98	8.50
Mongolism	99	106	205	7.38	5.27	6.29
With developmental cranial anomalies	64	45	109	9.70	8.68	9.28
With congenital cerebral spastic infantile paralyses	90	87	177	12.77	12.17	12.48
Post-infectional	121	128	249	9.65	9.72	9.68
Post-traumatic — natal	64	41	105	7.91	10.00	8.73
Post-traumatic — post-natal	12	17	29	4.02	17.32	11.81
With epilepsy — symptomatic	5	18	23	20.40	12.02	13.84
With epilepsy — idiopathic	55	57	112	8.11	11.72	9.95
With endocrine disorders	24	38	62	12.17	6.75	8.85
With familial amaurosis	9	4	13	16.20	4.37	12.56
With tuberous sclerosis	3	—	3	5.04	—	5.04
With other organic nervous disease	5	3	8	5.70	14.16	8.87
Other forms	159	162	321	14.18	14.32	14.25
Undifferentiated	1,025	911	1,936	10.99	9.44	10.26
Total	2,375	2,558	4,933	10.01	9.59	9.79

(See Table 238 for detail).

APPENDIX

Detailed Tables

- A. Mental Diseases and Epilepsy (Tables 136-212)
- B. Mental Deficiency (Tables 213-244)

TABLE 136. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934.*

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1933	12,830	12,373	25,203	981	1,447	2,428	64	59	123	1,176	1,326	2,502
<i>Cases Admitted during Year</i>												
Regular Commitment Cases:												
First Admissions	1,806	1,489	3,295	263	252	515	82	44	126	253	226	479
Readmissions	410	375	785	35	53	88	3	5	8	48	67	115
Total ¹	2,216	1,864	4,080	298	305	603	85	49	134	301	293	594
Temporary Care Cases:												
First Admissions	841	653	1,494	44	27	71	620	556	1,176	85	36	121
Readmissions	299	210	509	17	13	30	200	177	377	50	12	62
Total	1,140	863	2,003	61	40	101	820	733	1,553	135	48	183
Observation Cases:												
First Admissions	351	158	509	13	11	24	135	46	181	39	20	59
Readmissions	161	82	243	20	15	35	38	23	61	27	9	36
Total	512	240	752	33	26	59	173	69	242	66	29	95
Voluntary Cases:												
First Admissions	148	108	256	—	—	—	24	22	46	2	1	3
Readmissions	82	49	131	—	—	—	14	10	24	2	1	3
Total	230	157	387	—	—	—	38	32	70	4	2	6
Total cases admitted by transfer	247	350	597	15	21	36	1	—	1	15	20	35
Total cases admitted	4,345	3,474	7,819	407	392	799	1,117	883	2,000	521	392	913
Total cases under treatment	17,175	15,847	33,022	1,388	1,839	3,227	1,181	942	2,123	1,697	1,718	3,415
<i>Cases Discharged during Year:</i>												
Regular Commitment Cases:												
As recovered	227	184	411	32	40	72	3	5	8	3	1	4
As improved	595	610	1,205	44	65	109	14	14	28	132	135	267
As unimproved	117	102	219	6	21	27	2	3	5	7	4	11
As not insane	41	13	54	1	6	7	—	—	—	2	—	2
Died	948	880	1,828	162	148	310	3	2	5	111	142	253
Total ²	1,928	1,789	3,717	245	280	525	22	24	46	255	282	537
Temporary Care Cases:												
As recovered	119	28	147	8	1	9	63	24	87	26	1	27
As improved	227	266	493	10	7	17	192	241	433	15	9	24
As unimproved	448	404	852	24	19	43	402	360	762	6	12	18
As not insane	296	134	430	15	8	23	156	95	251	76	21	97
Died	52	19	71	4	5	9	13	3	16	11	4	15
Total	1,142	851	1,993	61	40	101	826	723	1,549	134	47	181

¹Includes 28 males and 13 females admitted on Sane Dangerous 69 at Monson.

²Includes 18 males and 4 females discharged and 14 males and 1 female who died on Sane Dangerous 69 at Monson.

TABLE 135. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934 — Continued*

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Observation Cases:												
As recovered	83	31	114	1	2	3	7	7	14	11	2	13
As improved	49	53	102	3	1	4	17	18	35	11	16	27
As unimproved	71	32	103	9	4	13	42	20	62	5	2	7
As not insane	294	104	398	18	14	32	107	26	133	39	5	44
Died	31	12	43	2	1	3	2	—	2	4	3	7
Total	528	232	760	33	22	55	175	71	246	70	28	98
Voluntary Care Cases:												
As recovered	9	12	21	—	—	—	—	6	6	—	—	—
As improved	41	28	69	—	—	—	12	11	23	—	—	—
As unimproved	61	44	105	—	—	—	7	4	11	—	2	—
As not insane	75	39	114	—	—	—	17	12	29	3	—	3
Died	38	21	59	—	—	—	—	—	—	—	—	—
Total	224	144	368	—	—	—	36	33	69	3	2	5
Total cases discharged by transfer	250	315	565	11	6	17	53	29	82	64	33	97
Total cases discharged during year	4,072	3,331	7,403	350	348	698	1,112	880	1,992	526	392	918
Patients on books September 30, 1934:												
Regular commitment cases	12,503	11,960	24,463	1,035	1,486	2,521	48	28	76	1,165	1,321	2,486
Temporary care cases	16	29	45	—	—	—	9	27	36	3	1	4
Observation Cases	63	26	89	3	5	8	8	4	12	2	4	6
Voluntary cases	521	501	1,022	—	—	—	4	3	7	1	—	1
Total on books	13,103	12,516	25,619	1,038	1,491	2,529	69	62	131	1,171	1,326	2,497
Total number of patients actually in hospitals September 30, 1934	11,957	11,239	23,196	933	1,365	2,298	33	42	75	1,022	1,172	2,194
Averages												
Daily average population (including patients on escape, on visit, and in family care)	12,978.78	12,384.89	25,363.67	1,020.32	1,446.94	2,467.26	72.44	50.50	122.94	1,165.	1,321.	2,486.
Daily average population (excluding patients on escape, on visit, and in family care)	11,823.52	11,118.19	22,941.71	917.82	1,313.34	2,231.16	43.96	31.46	75.42	1,007.	1,153.	2,160.
Rated capacity of the hospitals	10,990	9,848	20,838	885	1,074	1,959	60	49	109	835	977	1,812
Patients on visit September 30, 1934	981	1,020	2,001	102	116	218	36	20	56	137	145	282
Daily average number of patients on visit during year	988.85	1,010.81	1,999.66	100.54	121.22	221.76	28.48	19.04	47.52	150.	158.	308
Patients on escape September 30, 1934	130	15	145	3	—	3	—	—	—	12	—	12
Daily average number of patients on escape during year	130.81	25.15	155.96	1.96	—	1.96	—	—	—	8.	1.	9.
Patients boarded out September 30, 1934	35	242	277	—	10	10	—	—	—	—	9	9

Daily average number of patients boarded out during year	35.27	236.50	271.77	-	12.38	12.38	-	1	21	-	9.
Ex-service men on books September 30, 1934.	1,938	8	1,946	32	2	34	20	71	-	-	71
Daily average number on books during year	1,903.60	7.36	1,910.96	34.28	2.00	36.28	15.46	.29	15.75	62.	62.
Daily average number actually in hospitals during year	1,758.94	6.77	1,765.71	30.38	2.00	32.38	7.44	.06	7.50	58.	58.
Support of patient population (exclusive of patients on escape and on visit):											
Supported by the State	9,788	9,725	19,513	855	1,195	2,050	33	41	74	914	955
Reimbursing	744	1,514	2,258	78	170	238	-	1	1	108	1,869
Ex-service patients for whom pay is received from the Federal Government	1,427	4	1,431	-	1	1	-	-	-	-	325
Non-insane patients actually in hospitals on September 30, 1934:											
Mentally defective	90	47	137	4	6	10	1	2	3	-	1
Epileptic and mentally defective	436	420	856	-	-	-	-	-	-	-	-
Epileptic	23	21	44	-	2	2	-	1	1	-	-
Others	55	31	86	3	4	7	4	5	9	5	6
Total	604	519	1,123	7	12	19	5	8	13	5	7

TABLE 136. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934 — Continued*

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1933	555	719	1,274	833	643	1,476	656	770	1,426	802	1,097	1,899	616	640	1,256
<i>Cases Admitted during Year</i>															
Regular Commitment Cases:															
First Admissions	101	88	189	39	34	73	27	15	42	57	58	115	—	—	—
Readmissions	27	15	42	4	9	13	7	6	13	10	21	31	—	—	—
Total	128	103	231	43	43	86	34	21	55	67	79	146	—	—	—
Temporary Care Cases															
First Admissions	7	2	9	9	4	13	—	—	—	5	—	5	—	—	—
Readmissions	3	—	3	2	—	2	—	—	—	1	1	2	—	—	—
Total	10	2	12	11	4	15	—	—	—	6	1	7	—	—	—
Observation Cases:															
First Admissions	11	10	21	8	4	12	—	—	—	—	2	2	—	—	—
Readmissions	5	8	13	2	1	3	1	1	2	4	2	6	—	—	—
Total	16	18	34	10	5	15	1	1	2	4	4	8	—	—	—
Voluntary Cases:															
First Admissions	1	—	1	3	3	6	—	—	—	—	—	—	—	—	—
Readmissions	1	2	3	3	2	5	—	—	—	—	—	—	—	—	—
Total	2	2	4	6	5	11	—	—	—	—	—	—	—	—	—
Total cases admitted by transfer	6	13	19	16	53	69	23	38	61	8	12	20	47	57	104
Total cases admitted	162	138	300	86	110	196	58	60	118	85	96	181	47	57	104
Total cases under treatment	717	857	1,574	919	753	1,672	714	830	1,544	887	1,193	2,080	663	697	1,360
<i>Cases Discharged during Year</i>															
Regular Commitment Cases:															
As recovered	11	14	25	—	—	—	4	2	6	1	2	3	2	1	3
As improved	22	33	55	15	28	43	—	—	9	17	31	48	4	5	9
As unimproved	1	5	6	3	—	6	3	3	6	24	11	35	2	1	3
As not insane	1	2	3	3	2	5	1	—	1	—	—	—	—	—	—
Died	56	58	114	35	27	62	23	30	53	56	58	114	3	7	10
Total	91	112	203	53	57	110	35	40	75	98	102	200	11	14	25

Temporary Care Cases:															
As recovered	5	-	5	1	-	1	-	-	-	-	1	-	-	-	-
As improved	-	1	1	1	1	2	-	-	-	-	1	-	-	-	-
As unimproved	1	-	1	1	1	1	-	-	-	-	1	-	-	-	-
As not insane	2	1	3	7	2	9	-	-	-	-	2	-	-	-	-
Died	2	-	2	1	-	1	-	-	-	-	-	-	-	-	-
Total	10	2	12	10	4	14	-	-	-	-	6	1	7	-	-
Observation Cases:															
As recovered	2	5	7	4	-	4	-	-	-	-	1	1	2	-	-
As improved	6	1	7	1	3	4	-	-	-	-	1	2	2	-	-
As unimproved	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
As not insane	4	9	13	4	2	6	-	1	1	2	3	-	3	-	-
Died	1	2	3	2	-	2	-	-	-	-	1	-	1	-	-
Total	14	17	31	12	5	17	1	1	2	2	5	3	8	-	-
Voluntary Care Cases:															
As recovered	-	-	-	1	-	1	-	-	-	-	1	-	1	-	-
As improved	-	-	-	1	4	5	-	-	-	-	-	-	-	-	-
As unimproved	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
As not insane	2	1	3	2	2	4	-	-	-	-	1	-	1	-	-
Died	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	2	1	3	4	6	10	-	-	-	-	2	-	2	-	-
Total cases discharged by transfer	5	30	35	3	4	7	14	5	19	7	11	18	2	10	12
Total cases discharged during year	122	162	284	82	76	158	50	46	96	118	117	235	13	24	37
Patients on books September 30, 1934:															
Regular commitment cases	591	693	1,284	834	677	1,511	664	784	1,448	769	1,075	1,844	650	673	1,323
Temporary care cases	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Observation cases	2	1	3	-	-	-	-	-	-	-	1	-	-	-	-
Voluntary cases	2	1	3	2	-	2	-	-	-	-	-	1	-	-	-
Total on books	595	695	1,290	837	677	1,514	664	784	1,448	769	1,076	1,845	650	673	1,323
Total number of patients actually in hospitals September 30, 1934															
Averages	536	633	1,169	777	547	1,324	650	765	1,415	740	1,026	1,766	640	649	1,289
Daily average population (including patients on escape, on visit and in family care)	568.36	693.96	1,262.32	836.21	663.90	1,500.11	665.10	775.12	1,440.22	792.65	1,094.73	1,887.38	625.2	646.7	1,271.9
Daily average population (excluding patients on escape, on visit, and in family care)	514.04	625.89	1,139.93	777.72	543.94	1,321.66	656.97	754.05	1,411.02	747.20	1,027.05	1,774.25	612.6	627.2	1,239.8

TABLE 136. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934 — Continued*

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Rated capacity of the hospitals	430	557	987	607	606	1,213	694	598	1,292	642	962	1,604	705	667	1,372
Patients on visit September 30, 1934	42	59	101	25	31	56	9	4	13	26	36	62	7	23	30
Daily average number of patients on visit during year	39	50	67	26	31	30	26	25	12	25	13	42	11	17	28
Patients on escape September 30, 1934	17	2	19	35	1	36	1	—	1	3	4	7	3	—	3
Daily average number of patients on escape during year	16	14	2	28	1	29	1	—	1	20	15	35	12	8	20
Patients boarded out September 30, 1934	—	1	1	—	98	98	4	15	19	—	10	10	—	1	1
Daily average number of patients boarded out during year	—	1	1	2	79	88	1	15	15	—	10	24	—	1	1
Ex-servicemen on books September 30, 1934	34	—	34	9	—	9	7	—	7	16	—	16	22	—	22
Daily average number on books during year	31	—	31	8	—	8	6	—	6	19	—	19	23	—	23
Daily average number actually in hospitals during year	27	—	27	7	—	7	5	—	5	17	—	17	22	—	22
Support of patient population (exclusive of patients on escape and on visit):															
Supported by the State	504	533	1,037	751	500	1,251	626	735	1,361	709	958	1,667	597	577	1,174
Reimbursing	32	100	132	26	47	73	24	30	54	31	68	99	43	72	115
Ex-servicemen for whom pay is received from the Federal Government	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Non-insane patients actually in hospitals on September 30, 1934:															
Mentally defective	2	3	5	26	13	39	—	—	—	—	—	—	—	—	—
Epileptic and mentally defective	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Others	—	—	—	3	1	4	1	—	1	—	1	1	—	—	—
Total	2	3	5	29	15	44	1	—	1	—	1	1	—	—	—

TABLE 136. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934 — Continued

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books Sept. 30, 1933 . . .	933	1,118	2,051	849	850	1,699	741	997	1,738	276	1,320	2,596	795	771	1,566
<i>Cases Admitted during Year</i>															
Regular commit. cases:															
First admissions . .	206	177	383	194	161	355	155	189	344	231	194	425	25	21	46
Readmissions . . .	48	42	90	33	29	62	41	62	103	55	51	106	9	4	13
Total	254	219	473	227	190	417	196	251	447	286	245	531	34	25	59
Temporary care cases:															
First admissions . .	13	7	20	25	5	30	1	1	2	18	9	27	—	—	—
Readmissions . . .	3	4	7	6	2	8	1	—	1	13	1	14	—	—	—
Total	16	11	27	31	7	38	2	1	3	31	10	41	—	—	—
Observation cases:															
First admissions . .	24	12	36	38	10	48	13	13	26	56	29	85	—	—	—
Readmissions . . .	7	—	7	7	3	10	23	13	36	25	7	32	1	—	1
Total	31	12	43	45	13	58	36	26	62	81	36	117	1	—	1
Voluntary cases:															
First admissions . .	—	1	1	3	2	5	1	1	2	—	3	3	64	54	118
Readmissions . . .	—	2	2	5	4	9	8	3	11	2	4	6	13	9	22
Total	—	3	3	8	6	14	9	4	13	2	7	9	77	63	140
Total cases admitted by transfer	1	2	3	3	2	5	8	19	27	29	104	133	1	1	2
Total cases admitted . .	302	247	549	314	218	532	251	301	552	429	402	831	113	89	202
Total cases under treatment	1,235	1,365	2,600	1,163	1,068	2,231	992	1,298	2,290	1,705	1,722	3,427	908	860	1,768
<i>Cases Discharged during Year</i>															
Regular commit. cases:															
As recovered . . .	36	9	45	36	23	59	41	48	89	31	35	66	—	—	—
As improved . . .	55	90	145	40	53	93	28	28	56	118	110	228	5	6	5
As unimproved . .	13	7	20	5	6	11	17	17	34	9	12	21	17	6	23

TABLE 136. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934 — Continued*

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
As not insane	9	—	9	—	—	—	3	—	3	4	—	—	—	—	—
Died	70	84	154	120	83	203	72	92	164	127	120	247	21	10	31
Total	183	190	373	201	165	366	161	185	346	289	280	569	43	16	59
Temporary care cases:															
As recovered	—	2	2	15	—	15	—	—	—	—	—	—	—	—	—
As improved	3	3	6	2	2	4	—	—	—	—	—	—	—	—	—
As unimproved	5	2	7	1	2	3	1	1	2	4	2	6	—	—	—
As not insane	4	2	6	5	1	6	1	—	1	18	4	22	—	—	—
Died	4	2	6	7	1	8	—	—	—	7	4	11	—	—	—
Total. . . .	16	11	27	30	6	36	2	1	3	29	10	39	—	—	—
Observation cases:															
As recovered	8	4	12	19	3	22	9	4	13	12	3	15	—	—	—
As improved	1	6	7	7	6	13	1	—	1	—	—	—	1	—	1
As unimproved	4	1	5	2	—	2	1	—	1	6	5	11	—	—	—
As not insane	19	1	20	8	3	11	22	21	43	60	21	81	—	—	—
Died	—	—	—	5	—	5	3	2	5	6	4	10	—	—	—
Total. . . .	32	12	44	41	12	53	36	27	63	84	33	117	1	—	1
Voluntary care cases:															
As recovered	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
As improved	—	1	1	1	2	3	—	—	—	—	—	—	7	4	11
As unimproved	1	1	2	—	2	2	—	—	—	2	2	4	40	30	70
As not insane	—	1	1	3	1	4	5	3	8	4	4	11	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—	—	35	21	56
Total. . . .	1	3	4	4	5	9	5	3	8	6	9	15	82	55	137
Total cases discharged by transfer. . . .	27	55	82	24	4	28	14	93	107	11	19	30	—	1	1
Total cases discharged during year	259	271	530	300	192	492	218	309	527	419	351	770	126	72	198
Patients on books Sept. 30, 1934:															
Regular commit. cases	969	1,092	2,061	850	870	1,720	765	984	1,749	1,282	1,364	2,646	316	317	633
Temporary care cases	—	—	—	1	1	2	—	—	—	2	—	—	—	—	—

Observation cases Voluntary cases . . .	6 1	2	8	7 5	1 4	8 9	3 6	2 3	5 9	2	6 1	8 1	466 471	937
Total on books . . .	976	1,094	2,070	863	876	1,739	774	989	1,763	1,286	1,371	2,657	782	1,570
Total number of patients actually in hospitals Sept. 30, 1934 . . .	853	954	1,807	779	776	1,555	664	859	1,523	1,102	1,121	2,223	713	1,453
<i>Averages</i>														
Daily average population (including patients on escape, on visit, and in family care)	961.30	1,093.22	2,054.52	874.23	872.68	1,746.91	757.42	989.50	1,746.92	1,282.99	1,360.24	2,643.23	742.77	1,504.43
Daily average population (excluding patients on escape, on visit, and in family care)	837.93	966.51	1,804.44	777.96	774.66	1,552.62	642.96	860.69	1,503.65	1,087.50	1,116.75	2,204.25	702.00	1,431.60
Rated capacity of the hospitals . . .	748	818	1,566	562	594	1,156	534	753	1,287	1,226	1,029	2,255	531	1,059
Patients on visit Sept. 30, 1934 . . .	101	136	237	80	98	178	90	106	196	155	174	329	67	115
Daily average number of patients on visit during year . . .	98.22	125.70	223.92	94.00	95.19	189.19	97.02	107.04	204.06	164.50	167.00	331.50	39.26	71.32
Patients on escape Sept. 30, 1934 . . .	22	-	22	4	-	4	9	5	14	9	3	12	2	2
Daily average number of patients on escape dur- ing year . . .	24.37	-	24.37	2.26	.28	2.54	6.50	2.22	8.72	10.58	2.08	12.66	1.50	1.50
Patients boarded out Sept. 30, 1934 . . .	-	4	4	-	2	2	11	19	30	20	73	93	-	-
Daily average number of patients boarded out during year . . .	-	3.64	3.64	-	2.53	2.53	10.92	19.54	30.46	20.41	74.41	94.82	-	-
Ex-service men on books September 30, 1934 . . .	11	-	11	43	-	43	33	2	35	60	1	61	7	7
Daily average number on books during year . . .	20.66	-	20.66	44.	-	44.	41.99	3.46	45.45	56.25	-	56.25	6.67	6.67
Daily average number actually in hospitals during year . . .	16.66	-	16.66	42.	-	42.	31.01	3.10	34.11	56.25	-	56.25	.32	.32

TABLE 136. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934 — Continued*

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Support of patient population (exclusive of patients on escape and on visit):	769	747	1,516	734	669	1,403	567	648	1,215	1,034	1,004	2,038	685	704	1,389
Supported by the state	84	207	291	45	107	152	97	211	308	68	117	185	28	36	64
Reimbursing															
Ex-service patients for whom pay is received from the Fed. Gov.	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—
Non-insane patients actually in hospitals Sept. 30, 1934:															
Mentally Defective	11	10	21	—	—	—	1	—	1	2	1	3	12	2	14
Epileptic and mentally defective	1	—	1	—	—	—	—	—	—	—	1	1	435	418	853
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	22	17	39
Others	2	—	2	5	—	5	9	5	14	5	7	12	4	5	9
Total	14	10	24	5	—	5	10	5	15	7	9	16	473	442	915

TABLE 136. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934 — Continued

	McLEAN			BRIDGEWATER			TEWKSBURY			VET'S, ADM. FAC. No. 107			VET'S, ADM. FAC. No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1933	89	126	215	945	—	945	123	490	613	816	—	816	580	—	580
<i>Cases Admitted during Year</i>															
Regular Commitment Cases:															
First Admissions	24	30	54	51	—	51	—	—	—	66	—	66	32	—	32
Readmissions	6	11	17	3	—	3	—	—	—	31	—	31	50	—	50
Total	30	41	71	54	—	54	—	—	—	97	—	97	82	—	82
Temporary Care Cases:															
First Admissions	11	6	17	—	—	—	—	—	—	3	—	3	—	—	—
Readmissions	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Total	14	6	20	—	—	—	—	—	—	3	—	3	—	—	—
Observation Cases:															
First Admissions	4	1	5	8	—	8	—	—	—	2	—	2	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Total	4	1	5	8	—	8	—	—	—	3	—	3	—	—	—
Voluntary Cases:															
First Admissions	12	21	33	—	—	—	—	—	—	13	—	13	25	—	25
Readmissions	12	12	24	—	—	—	—	—	—	18	—	18	4	—	4
Total	24	33	57	—	—	—	—	—	—	31	—	31	29	—	29
Total cases admitted by transfer	2	8	10	4	—	4	—	—	—	33	—	33	35	—	35
Total cases admitted	74	89	163	66	—	66	—	—	—	167	—	167	146	—	146
Total cases under treatment	163	215	378	1,011	—	1,011	123	490	613	983	—	983	726	—	726
<i>Cases Discharged during Year</i>															
Regular Commitment Cases:															
As recovered	3	4	7	15	—	15	—	—	—	3	—	3	6	—	6
As improved	19	13	32	12	—	12	3	—	3	45	—	45	18	—	18
As unimproved	5	6	11	—	—	—	1	—	1	2	—	2	3	—	3
As not insane	1	—	1	12	—	12	—	—	—	2	—	2	2	—	2
Died	4	2	6	38	—	38	10	17	27	16	—	16	21	—	21
Total	32	25	57	77	—	77	14	17	31	68	—	68	50	—	50

TABLE 136. — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year ended September 30, 1934 — Concluded

	McLEAN			BRIDGEWATER			TEWKSBURY			VET'S, ADM. FAC, No. 107			VET'S, ADM. FAC, No. 97		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Temporary Care Cases:															
As recovered	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
As improved	1	2	3	—	—	—	—	—	—	2	—	2	—	—	—
As unimproved	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—
As not insane	10	—	10	—	—	—	—	—	—	—	—	—	—	—	—
Died	2	—	2	—	—	—	—	—	—	1	—	1	—	—	—
Total	15	6	21	—	—	—	—	—	—	3	—	3	—	—	—
Observation Cases:															
As recovered	1	—	1	7	—	7	—	—	—	1	—	1	—	—	—
As improved	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
As unimproved	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
As not insane	1	1	2	6	—	6	—	—	—	2	—	2	—	—	—
Died	1	—	1	4	—	4	—	—	—	—	—	—	—	—	—
Total	3	1	4	18	—	18	—	—	—	3	—	3	—	—	—
Voluntary Cases:															
As recovered	5	6	11	—	—	—	—	—	—	2	—	2	—	—	—
As improved	3	6	9	—	—	—	—	—	—	7	—	7	—	10	—
As unimproved	2	3	5	—	—	—	—	—	—	5	—	5	—	4	—
As not insane	11	12	23	—	—	—	—	—	—	20	—	20	—	7	—
Died	1	—	1	—	—	—	—	—	—	2	—	2	—	—	—
Total	22	27	49	—	—	—	—	—	—	36	—	36	—	21	—
Total cases discharged by transfer	4	14	18	—	—	—	—	1	1	7	—	7	—	3	—
Total cases discharged during year	76	73	149	95	—	95	—	15	18	117	—	117	—	74	—
Patients on books September 30, 1934:															
Regular commitment cases	77	124	201	887	—	887	—	108	472	580	—	853	—	640	—
Temporary care cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Observation cases	1	—	1	29	—	29	—	—	—	—	—	—	—	—	—
Voluntary cases	9	18	27	—	—	—	—	—	—	—	—	13	—	12	—
Total on books	87	142	229	916	—	916	—	108	472	580	—	866	—	652	—
Total number of patients actually in hospitals September 30, 1934	73	119	192	911	—	911	—	106	471	577	—	823	—	602	—

<i>Averages</i>											
Daily average population (including patients on escape, on visit, and in family care)	85.29	133.04	218.33	940.	—	940.	114.5	481.7	596.2	850.	— 625.
Daily average population (excluding patients on escape, on visit, and in family care)	73.56	114.05	187.61	933.	—	933.	111.5	480.	591.5	797.8	— 582.
Rated capacity of the hospitals	92	140	232	908	—	908	107	496	603	813	— 611
Patients on visit September 30, 1934	14	23	37	4	—	4	—	1	1	39	— 47
Daily average number of patients on visit during year	11.73	18.98	30.71	6	—	6	1.3	1.7	3.0	49	— 40
Patients on escape September 30, 1934	—	—	—	1	—	1	2	—	2	4	— 3
Daily average number of patients on escape during year	—	—	—	2	—	2	1.7	—	1.7	1.4	— 3
Patients boarded out September 30, 1934	—	—	—	—	—	—	—	—	—	—	—
Daily average number of patients boarded out during year	—	—	—	—	—	—	—	—	—	—	—
Ex-service men on books September 30, 1934	4	2	6	50	—	50	1	—	1	866	— 652
Daily average number on books during year	7.15	1.61	8.76	50	—	50	1	—	1	850	— 725
Daily average number actually in hospitals during year	4.96	1.61	6.57	50	—	50	1	—	1	797.8	— 582.
Support of patient population (exclusive of patients on escape and on visit):											
Supported by State	—	—	—	904	—	904	106	459	565	—	—
Reimbursing	73	119	192	7	—	7	—	12	12	—	—
Ex-service patients for whom pay is received from Federal Gov't	—	—	—	2	—	2	—	—	—	823	— 602
Non-insane patients actually in hospitals on September 30, 1934:											
Mentally defective	—	—	—	25	—	25	3	9	12	1	— 2
Epileptic and mentally defective	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	1	1	1	—	1	—	—	—	—	—
Others	4	2	6	2	—	2	—	—	—	3	— 5
Total	4	3	7	28	—	28	3	9	12	4	— 7

TABLE 137 — *Deportation of Insane, Mentally Defective and Epileptic from Public Institutions for the Year Ended November 30, 1934*

	TOTAL			DEPARTMENT			U. S. COMMISSION OF IMMIGRATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases pending November 30, 1933	26	31	57	11	15	26	15	16	31
Since reported	66	45	111	53	41	94	13	4	17
Total cases under consideration	92	76	168	64	56	120	28	20	48
Deported	48	41	89	43	40	83	5	1	6
Other states	32	37	69	32	37	69	—	—	—
Other countries	16	4	20	11	3	14	5	1	6
Special cases not landed under Immigration Laws and deported	—	—	—	—	—	—	—	—	—
Discharged	9	8	17	7	6	13	2	2	4
Care of friends	7	8	15	5	6	11	2	2	4
Escaped	—	—	—	—	—	—	—	—	—
Transferred to Veterans or private hospitals	2	—	2	2	—	2	—	—	—
Died	5	—	5	3	—	3	2	—	2
Dropped from further consideration:	6	4	10	5	3	8	1	1	2
Rejected by Commissioner of Immigration	1	1	2	—	—	—	1	1	2
Rejected by the Department	5	3	8	5	3	8	—	—	—
Total cases closed	68	53	121	58	49	107	10	4	14
Cases pending November 30, 1934	24	23	47	6	7	13	18	16	34
Not in condition to deport	2	—	2	1	—	1	1	—	1
Awaiting action	16	13	29	2	1	3	14	12	26
On visit	6	10	16	3	6	9	3	4	7

¹Includes Mental Wards, Tewksbury and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals.

TABLE 138 — *Small Private Hospitals and Schools: Number under Care for the Year ended September 30, 1934*

	TOTALS			INSANE			SANE VOLUNTARY			INEBRIATE			FEEBLE-MINDED			TEMPORARY CARE			NON-MENTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Bosworth Hospital, Arthur Berk, M.D.	7	3	10	5	3	8	—	1	1	—	—	—	—	—	—	1	—	—	1	—	1
Bournwood, George H. Torney, M.D.	1	0	10	1	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Channing Sanitarium, Inc., Donald Gregg, M.D.	10	19	29	3	13	16	6	5	11	—	—	—	—	—	—	—	—	—	1	1	2
Glenside, Mable D. Ordway, M.D.	11	64	75	8	55	63	—	1	1	1	1	2	—	—	—	—	—	—	2	7	9
Dr. Reeves' Nerve, Fred B. Jewett, M.D.	1	3	4	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Ring Sanatorium, and Hospital, Inc., Arthur H. Ring, M.D.	13	22	35	6	16	25	—	—	—	—	—	—	—	—	—	—	—	—	7	3	10
Westwood Lodge, Wm. J. Hammond, M.D.	7	11	18	4	8	12	—	—	—	1	—	1	—	—	—	—	—	—	2	3	5
Wiswall Sanatorium, Inc., Edward H. Wiswall, M.D.	5	16	21	4	15	19	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Kittredge Farm, Joseph Kittredge, M.D.	2	1	3	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	1	1	2
Woodlawn Sanitarium, Ewan A. Robertson, M.D.	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grove Hall Institute, Geo. Colton Moore, M.D.	3	—	3	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—	1	—	1
Private Hospital, Frederick L. Taylor, M.D.	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Washingtonian Home, Hugh Barr Gray, M.D.	8	—	8	—	—	—	—	—	—	8	—	8	—	—	—	—	—	—	—	—	—
Clarke School, Miss Edith G. Clarke	8	11	19	—	—	—	—	—	—	—	—	—	8	11	19	—	—	—	—	—	—
Elm Hill Private School and Home for the Feeble-minded, George A. Brown, M.D.	16	5	21	—	—	—	—	—	—	—	—	—	16	5	21	—	—	—	—	—	—
Perkins School of Adjustment, Franklin H. Perkins, M.D.	15	15	30	—	—	—	—	—	—	—	—	—	15	15	30	—	—	—	—	—	—
Standish Manor, Miss Alice M. Myers	—	6	6	—	—	—	—	—	—	—	—	—	—	6	6	—	—	—	—	—	—
The Freer School, Miss Cora E. Morse	3	3	6	—	—	—	—	—	—	—	—	—	3	3	6	—	—	—	—	—	—
Totals	115	190	305	32	123	155	6	9	15	16	1	17	42	40	82	1	—	1	18	17	35

Not including McLean Hospital. Information for McLean may be found in Text Table 1.

TABLE 139 — Country of Birth and Percentage of First Court Admissions to Hospitals for Mental Diseases, 1934, by Sex¹

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
Africa	—	—	—	—	2	—	—	—	—
Australia	1	1	2	—	—	—	—	1	—
Austria	11	6	17	10	11	10	8	8	7
Belgium	2	3	5	2	2	2	2	2	1
Canada ²	146	135	281	240	233	186	196	199	156
China	—	—	—	2	3	2	—	—	—
Czecho-Slovakia	—	4	4	—	1	—	4	4	4
Cuba	—	—	—	—	—	—	—	—	—
Denmark	1	1	2	2	—	—	3	—	—
England	47	36	83	78	78	57	76	67	46
Finland	6	10	16	13	11	14	15	14	14
France	2	4	6	7	6	3	7	5	3
Germany	15	16	31	40	30	24	34	25	24
Greece	10	5	15	14	14	14	5	5	5
Holland	1	—	1	2	1	1	1	1	1
Hungary	—	1	2	2	1	1	3	3	3
India	—	—	—	1	—	—	—	—	—
Ireland	129	119	248	315	329	283	271	286	245
Italy	87	38	125	116	113	111	59	59	58
Jugo-Slavia	—	1	1	—	—	—	1	1	1
Mexico	2	—	2	—	—	—	—	—	—
Norway	—	4	6	3	3	3	6	4	4
Philippine Islands	—	—	—	—	—	—	—	—	—
Poland	39	32	71	59	61	59	49	51	49
Porto Rico	1	—	1	1	1	1	—	—	—
Portugal	24	14	38	36	36	35	26	22	22
Russia	34	24	58	52	51	50	56	50	48
Scotland	15	14	29	37	32	23	27	25	18
Spain	—	1	1	2	1	1	1	1	—
South America	—	2	2	—	—	—	—	—	—
Sweden	24	18	42	33	32	31	32	25	25
Switzerland	—	—	2	1	2	—	3	3	3
Turkey in Asia	1	1	2	1	1	1	1	—	—
Turkey in Europe	9	10	19	8	8	8	—	—	—
United States	1,137	956	2,093	550	553	460	461	459	384
Wales	—	—	2	1	—	—	—	—	—
West Indies ³	4	5	9	4	4	4	6	7	5
Other countries ⁴	29	20	49	37	35	35	30	29	29
Unknown	5	5	10	117	130	97	96	116	87
Total	1,787	1,480	3,267	1,787	1,787	1,514	1,480	1,480	1,247

¹Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Teakwater, McLean and Veterans Administration Facilities Nos. 107 and 95.²Includes Newfoundland.³Except Cuba and Porto Rico.⁴Includes Europe and Asia not specified; also born at sea.

TABLE 140. — *Country of Birth and Percentage of Court Readmissions to Hospitals for Mental Diseases, 1934, by Sex*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
Australia	1	—	1	—	—	—	—	—	—
Austria	1	2	3	3	4	3	3	3	3
Belgium	—	—	—	—	—	—	1	—	—
Canada ¹	21	39	60	47	47	33	50	64	47
Czecho-Slovakia	—	—	—	1	—	—	—	—	—
Cuba	—	—	—	—	—	—	1	—	—
England	4	9	13	10	13	7	19	17	13
Finland	—	6	8	2	2	2	7	7	7
France	2	1	3	1	—	—	1	1	—
Germany	—	3	4	9	6	5	7	7	6
Greece	3	—	3	3	3	3	—	—	—
Holland	—	—	—	1	—	—	—	—	—
Hungary	1	—	1	2	2	2	1	1	1
Ireland	21	26	47	69	74	61	73	65	58
Italy	17	9	26	24	23	23	17	17	17
Norway	—	—	—	—	—	—	2	1	1
Philippine Islands	—	—	—	—	—	—	—	—	—
Poland	7	8	15	11	12	11	10	10	10
Portugal	4	4	8	6	6	6	4	3	3
Russia	16	13	29	27	26	26	20	20	20
Scotland	4	1	5	6	4	4	3	1	1
Sweden	3	4	7	8	8	7	6	6	5
Turkey in Asia	—	—	—	1	—	1	—	—	—
Turkey in Europe	—	1	1	—	—	—	2	2	2
United States	285	241	526	148	144	124	128	129	110
Wales	1	1	2	—	1	—	1	1	1
Other countries ²	9	6	15	9	9	9	6	6	6
Unknown	—	1	1	13	14	12	8	9	7
Total	401	371	772	401	401	339	371	371	319

¹Includes Newfoundland.²Includes Europe and Asia not specified; also born at sea.

TABLE 142. — Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1934, by Nativity, Parentage, and Sex

AGE GROUPS	AGGREGATE			TOTAL						NATIVE BORN						FOREIGN BORN			NATIVITY UNKNOWN					
							PARENTAGE																	
							NATIVE			FOREIGN			MIXED			UNKNOWN								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
0-14 years	7	9	16	7	9	16	3	3	6	2	2	4	1	4	5	1	1	1	—	—	—			
15-19 years	22	23	45	20	21	41	5	4	9	11	14	25	4	2	6	—	1	1	2	2	4			
20-24 years	41	27	68	36	23	59	16	10	26	16	8	24	4	4	9	—	1	1	5	4	9			
25-29 years	30	29	59	23	22	45	12	9	21	8	7	15	3	4	7	—	2	2	7	7	14			
30-34 years	71	44	115	61	29	90	26	10	36	16	14	30	14	3	17	5	2	2	10	15	25			
35-39 years	69	40	109	47	23	70	23	11	34	11	5	16	12	7	19	1	1	1	22	16	38			
40-44 years	38	54	92	21	30	51	10	15	25	5	11	16	15	3	8	1	1	2	17	24	41			
45-49 years	37	33	70	18	18	36	8	10	18	6	3	9	4	5	9	—	—	—	18	15	33			
50-54 years	25	49	74	14	24	38	5	11	16	7	6	13	2	7	9	—	—	—	11	25	36			
55-59 years	19	20	39	14	13	27	2	8	10	7	4	11	5	1	6	—	—	—	7	7	12			
60-64 years	19	23	42	12	16	28	6	7	13	4	4	8	—	5	5	2	—	2	6	4	10			
65-69 years	14	12	26	8	8	16	6	8	14	2	2	3	—	—	—	—	—	—	1	1	3			
70-74 years	6	5	11	2	4	6	2	2	2	1	2	3	1	1	1	—	—	—	4	1	5			
75-79 years	3	3	6	2	2	4	2	—	2	—	—	—	—	—	—	—	—	—	1	2	3			
80 years and over																								
Total	401	371	772	285	241	526	124	108	232	96	80	176	55	47	102	10	6	16	115	129	244	1	1	2

TABLE 143. — Admission Ages of All Temporary Admissions to Hospitals for Mental Diseases, 1934, by Nativity, Parentage and Sex.

AGE GROUPS	AGGREGATE			TOTAL			NATIVE BORN										FOREIGN BORN			NATIVITY UNKNOWN								
	M.	F.	T.	TOTAL			PERCENTAGE						FOREIGN BORN			UNKNOWN			M.	F.	T.	M.	F.	T.				
							NATIVE			FOREIGN															MIXED			
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							M.	F.	T.	M.	F.	T.
0-14 years	52	33	85	49	31	80	18	7	25	19	13	32	10	9	19	2	2	4	3	2	5							
15-19 years	112	125	237	111	118	229	29	40	69	46	41	87	35	30	65	1	7	8	13	7	8							
20-24 years	159	116	275	146	98	244	49	29	78	60	39	99	31	26	57	6	4	10	19	18	31							
25-29 years	143	120	263	124	97	221	43	34	77	54	33	87	24	26	50	3	4	7	19	21	40							
30-34 years	167	127	294	126	90	216	50	38	88	46	22	68	23	29	52	7	1	8	41	36	77							
35-39 years	197	119	316	127	84	211	50	29	79	48	32	80	28	22	50	1	1	2	2	69	34	103						
40-44 years	183	92	275	122	59	181	43	24	67	44	19	63	35	14	49	—	2	2	61	32	93							
45-49 years	187	110	297	102	62	164	49	29	78	28	14	42	22	19	41	3	—	3	85	48	133							
50-54 years	151	95	246	72	50	122	32	19	51	11	15	26	26	15	41	3	1	4	78	45	123							
55-59 years	112	73	185	38	35	93	23	20	43	20	8	28	14	6	20	1	2	53	38	91								
60-64 years	82	37	119	41	23	64	19	9	28	14	10	24	5	3	8	3	1	4	38	14	52							
65-69 years	47	18	65	24	4	28	12	2	14	8	2	10	2	—	2	2	2	2	23	14	37							
70-74 years	28	17	45	12	10	22	4	8	12	7	2	9	—	—	2	3	—	3	16	6	22							
75-79 years	21	8	29	14	3	17	8	1	9	3	—	3	—	2	2	—	—	—	6	5	11							
80-84 years	7	8	15	5	3	8	4	2	6	1	1	1	2	2	—	—	—	—	1	5	6							
85 years and over	4	5	9	1	3	4	—	1	1	—	1	1	—	—	—	—	—	—	3	2	5							
Total	1,652	1,103	2,755	1,134	770	1,904	433	292	725	409	252	661	255	201	456	37	25	62	510	327	837	8	6	14				

TABLE 145. — Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex

PSYCHOSES	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	173	53	226	-	-	2	2	1	3	6	2	8	27	10	37	37	11	48
With other forms of syphilis	21	13	34	1	-	-	-	1	1	-	2	2	9	3	12	2	3	5
With epidemic encephalitis	8	6	14	-	1	1	2	-	2	1	-	1	2	-	2	2	3	5
With other infectious diseases	6	15	21	-	-	-	1	4	5	1	2	3	2	2	4	-	2	2
Alcoholic psychoses	213	28	241	-	-	3	1	4	5	1	2	8	26	5	31	28	4	32
Due to drugs, etc.	5	8	13	-	-	-	2	1	2	2	8	1	1	1	2	1	-	1
Traumatic psychoses	16	3	19	-	1	1	-	-	-	1	-	1	2	1	3	3	-	3
With cerebral arteriosclerosis	420	321	741	-	-	-	-	-	-	-	-	-	1	1	2	2	2	2
With other disturbances of circulation	21	12	33	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1
With convulsive disorders (epilepsy)	19	27	46	-	-	-	4	4	8	3	2	5	4	4	8	-	3	3
Senile psychoses	90	152	242	-	-	1	1	-	-	-	-	-	1	-	1	-	-	-
Involutional psychoses	34	82	116	-	-	-	-	-	-	-	-	-	-	2	2	4	7	11
Due to other metabolic diseases, etc.	26	38	64	-	-	-	-	1	1	1	4	5	2	3	5	5	1	6
Due to new growth	2	5	7	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	37	23	60	1	-	-	-	4	-	1	1	2	4	1	5	7	3	10
Psychoneuroses	28	25	53	-	1	1	2	6	8	2	3	5	9	4	13	3	4	7
Manic-depressive psychoses	154	180	334	1	1	2	10	7	17	14	17	31	12	28	40	19	21	40
Dementia praecox	356	338	694	-	3	3	42	35	77	69	56	125	44	45	89	34	32	66
Paranoia and paranoid conditions	33	53	86	-	-	-	-	-	-	2	-	2	1	3	4	7	5	12
With psychopathic personality	19	14	33	-	-	3	4	7	3	2	2	4	1	1	2	1	-	1
With mental deficiency	62	60	122	-	-	9	5	14	19	9	2	11	4	9	13	7	14	21
Undiagnosed psychoses	5	6	11	-	-	1	1	1	1	3	2	2	7	1	8	3	1	4
Without psychoses	38	18	56	1	-	5	4	4	8	3	2	5	6	2	8	8	1	9
Primary behavior disorders	1	-	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Total	1,787	1,480	3,267	4	7	11	77	62	139	123	98	221	159	125	284	173	116	289
				137	108	245	155	89	244							129	123	252

TABLE 145. — Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex — Concluded

PSYCHOSES	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	18	8	26	14	7	21	11	2	13	2	-	2	2	1	3	-	-	-	-	-	-	-	-	-
With other forms of syphilis	1	1	1	4	1	5	-	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	30	4	34	18	4	22	28	2	30	4	-	4	3	-	3	1	-	1	-	-	-	-	-	-
Due to drugs, etc.	1	3	4	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	2	-	2	1	-	1	1	1	1	-	-	-	3	-	3	-	-	-	1	-	-	-	-	-
With cerebral arteriosclerosis	17	10	27	29	30	59	70	50	120	87	52	139	101	63	164	60	55	115	35	42	77	16	16	32
With other disturbances of circulation	3	1	4	3	1	4	2	2	4	4	1	5	2	2	4	5	-	5	1	1	1	-	-	-
With convulsive disorders (epilepsy)	-	-	-	3	1	4	3	3	3	3	3	3	-	-	-	-	-	-	-	-	-	-	-	-
Senile psychoses	2	-	2	1	2	3	5	15	20	11	14	25	18	40	58	20	38	58	18	24	42	13	19	32
Involuntional psychoses	11	29	40	10	12	22	6	6	12	11	14	23	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	6	8	14	2	3	5	4	3	7	2	5	7	1	3	4	-	-	-	-	-	-	-	-	-
Due to new growth	-	-	-	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	-	-	-	-	-
With organic changes of nervous system	2	7	9	7	4	11	1	3	3	2	1	3	2	-	2	-	-	-	-	-	-	-	-	-
Psychoneuroses	1	3	4	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	11	17	28	22	15	37	13	10	23	3	3	6	-	1	1	-	1	1	-	-	-	-	-	-
Dementia praecox	7	28	35	2	8	10	4	9	13	-	2	2	-	1	1	1	-	1	-	-	-	-	-	-
Paranoia and paranoid conditions	7	11	18	1	10	11	2	3	5	1	2	3	1	3	4	1	1	2	-	-	-	-	-	-
With psychopathic personality	-	-	-	1	-	1	1	1	-	1	1	1	1	1	1	-	-	-	-	-	-	-	-	-
With mental deficiency	4	1	5	3	1	4	5	4	9	-	2	2	1	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	-	-	-	1	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	1	1	2	1	-	1	1	1	1	-	-	1	1	1	2	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	124	133	257	124	100	224	155	116	271	120	87	207	136	116	252	88	97	185	54	67	121	29	36	65

TABLE 147. — *Admission Ages of All Temporary Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS										
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.									
With syphilitic meningo-encephalitis.	29	20	49	-	-	-	-	-	-	-	1	1	3	2	5	2	6	8	9	3	12	3	2	5			
With other forms of syphilis.	9	2	11	-	-	-	-	-	-	-	1	1	-	-	-	1	-	1	-	-	-	-	1	1	2		
With epidemic encephalitis.	1	2	3	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-		
With other infectious diseases.	7	11	18	1	-	1	-	1	1	2	3	1	3	2	3	-	1	1	1	-	5	5	2	1	3		
Alcoholic psychoses.	257	44	301	-	-	-	6	1	7	18	2	20	31	3	34	41	8	49	6	49	6	55	43	9	52		
Due to drugs, etc.	18	9	27	-	-	-	2	1	3	3	2	5	4	3	7	1	1	2	4	1	2	4	1	-	1		
Traumatic psychoses.	18	4	22	-	-	-	2	1	3	1	-	1	1	-	1	3	-	3	2	-	2	-	1	1	2		
With cerebral arterio-sclerosis.	66	47	113	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
With other disturbances of circulation.	7	12	19	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	2	1	3	-	-	-		
With convulsive disorders (epilepsy).	30	20	50	-	-	-	6	2	8	4	2	6	2	3	5	6	3	9	3	1	4	4	3	7	1		
Senile psychoses.	15	7	22	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1	1		
Involutional psychoses.	13	22	35	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	1	-	1	7	8		
Due to other metabolic diseases etc.	9	19	28	-	-	-	1	1	-	1	3	4	1	-	1	1	2	3	-	1	1	1	1	3	4		
Due to new growth.	2	4	6	-	1	1	-	-	-	-	-	-	-	1	1	1	-	1	-	-	-	-	-	-	-		
With organic changes of nervous system.	40	19	59	2	-	2	1	1	2	3	9	1	3	1	4	4	2	6	-	1	1	1	4	3	7		
Psychoneuroses.	65	69	134	4	3	7	2	12	14	10	20	5	16	21	4	14	4	18	5	1	6	8	1	9			
Manic-depressive.	108	153	261	4	-	4	3	11	14	13	26	12	16	28	10	26	36	42	12	20	32	12	17	29			
Dementia praecox.	165	195	360	-	3	3	15	13	28	30	23	53	34	26	60	14	28	42	17	24	41	9	26	35			
Paranoia and paranoid conditions.	34	23	57	-	-	-	-	-	-	2	1	3	3	2	5	11	2	13	4	1	5	8	6	14			
With psychopathic personality.	8	40	48	-	2	2	3	9	12	4	4	-	6	6	-	2	2	2	1	2	3	2	3	5			
With men. deficiency.	14	37	51	-	-	-	2	9	11	3	6	2	2	4	2	4	6	6	2	5	7	1	3	4			
Undiagnosed psy.	144	96	240	1	1	2	14	8	22	13	26	15	20	35	21	8	29	17	10	27	14	8	22				
Without psychoses.	540	228	768	24	17	41	48	50	98	47	29	76	47	22	69	63	20	83	50	11	61	69	15	84			
Primary behavior disorders.	53	20	73	16	5	21	14	8	22	4	1	5	3	1	4	2	1	3	5	-	5	2	-	2			
Total	1,652	1,103	2,755	52	33	85	112	125	237	159	116	275	143	120	263	167	127	294	197	119	316	183	92	275	187	110	297

TABLE 148. — Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1934, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	263	252	515	11	3	14	34	25	59	22	27	49	29	36	65	32	44	76	60	52	112	61	43	101	14	22	36
Psychopathic	82	14	96	4	3	7	19	14	33	24	9	33	25	8	33	10	9	19	—	1	1	—	—	—	—	—	—
Danvers	283	226	509	13	12	25	35	21	56	36	26	62	47	50	97	31	35	66	40	30	70	32	35	67	19	17	36
Foxborough	101	88	189	1	8	9	14	18	32	18	7	25	12	7	19	19	17	36	21	12	33	15	8	23	1	11	12
Gardner	39	34	73	2	1	3	6	1	7	6	4	10	8	7	15	7	7	14	3	5	8	4	7	11	3	2	5
Griffith	27	15	42	1	—	1	2	1	3	8	5	13	7	2	9	3	2	5	4	3	7	2	2	4	—	—	—
Medford	57	58	115	4	5	9	8	10	18	10	17	27	7	7	14	10	2	12	11	5	16	4	10	14	3	2	5
Northampton	206	177	383	6	4	10	32	30	62	35	26	61	32	32	64	33	27	60	35	25	60	22	25	47	11	8	19
Taunton	194	161	355	7	6	13	28	19	47	29	28	57	24	24	48	26	30	56	34	18	52	35	24	59	11	12	23
Westborough	155	189	344	14	12	26	19	25	44	31	30	61	27	32	49	26	22	48	23	28	51	18	26	44	7	14	21
Worcester	231	194	425	12	9	21	36	31	67	31	30	61	38	30	68	38	32	70	37	20	57	29	29	58	10	13	23
Monson	6	12	18	1	4	5	1	4	5	1	3	4	1	—	1	2	1	3	3	4	7	1	4	5	3	2	5
McLean	24	30	54	1	2	3	5	7	12	7	2	9	2	4	6	2	5	3	2	—	2	1	—	—	1	—	—
Bridgewater	51	—	51	4	—	4	16	—	16	16	—	16	8	—	8	3	—	3	—	—	—	—	—	—	—	—	—
Tewksbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans Adm. Fac.	66	—	66	—	—	—	1	—	1	26	—	26	32	—	32	5	—	5	2	—	2	—	—	—	—	—	—
No. 107	32	—	32	—	—	—	4	—	4	14	—	14	13	—	13	1	—	1	—	—	—	—	—	—	—	—	—
Veterans Adm. Fac.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,787	1,480	3,267	81	69	150	260	206	466	314	214	528	302	239	541	248	233	481	275	203	478	224	213	437	83	103	186

TABLE 150. — *Alcoholic Habits of First Court Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL			ABSTINENT			TEMPERATE			INTERTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	173	53	226	49	27	76	79	15	94	37	6	43	8	5	13
With other forms of syphilis	21	13	34	4	9	13	12	2	14	2	2	4	3	—	3
With epidemic encephalitis	8	6	14	4	6	10	4	—	4	—	—	—	—	—	—
With other infectious diseases	6	15	21	1	14	15	4	1	5	—	—	—	1	—	1
Alcoholic psychoses	213	28	241	—	—	—	—	—	—	213	28	241	—	—	—
Due to drugs, etc.	5	8	13	2	3	5	2	3	5	1	2	3	—	—	—
Traumatic psychoses	16	3	19	6	3	9	6	—	4	4	—	4	—	—	—
With cerebral arteriosclerosis	420	321	741	164	250	414	147	20	167	76	7	83	33	44	77
With other disturbances of circulation	21	12	33	8	9	17	8	2	10	3	—	3	2	1	3
With convulsive disorders (epilepsy)	19	27	46	8	23	31	6	2	8	4	1	5	1	1	2
Senile psychoses	90	152	242	45	103	148	26	17	43	12	4	16	7	28	35
Involuntary psychoses	34	82	116	10	71	81	18	8	26	6	1	7	—	2	2
Due to other metabolic diseases, etc.	26	38	64	5	30	35	11	4	15	8	1	9	2	3	5
Due to new growth	2	5	7	—	3	3	1	2	3	1	—	1	—	—	—
With organic changes of nervous system	37	23	60	15	18	33	17	2	19	5	1	6	—	2	2
Psychoneuroses	28	25	53	13	18	31	12	5	17	3	1	4	—	1	1
Manic-depressive psychoses	154	180	334	55	128	183	69	32	101	29	10	39	1	10	11
Dementia praecox	356	338	694	180	274	454	116	55	171	48	6	54	12	3	15
Paranoia and paranoid conditions	33	53	86	9	28	37	19	18	37	3	2	5	2	5	7
With psychopathic personality	19	14	33	9	6	15	4	3	7	6	4	10	—	1	1
With mental deficiency	62	60	122	35	47	82	11	5	16	14	3	17	2	5	7
Undiagnosed psychoses	5	6	11	—	5	5	4	1	5	—	—	—	—	—	—
Without psychoses	38	18	56	16	15	31	7	2	9	15	—	15	1	1	1
Primary behavior disorders	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Total	1,787	1,480	3,267	639	1,090	1,729	583	199	782	490	79	569	75	112	187

TABLE 151. — *Alcoholic Habits of Court Readmissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL			ABSTINENT			TEMPERATE			INTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	14	10	24	2	7	9	9	—	—	3	2	5	—	1	1
With other forms of syphilis	1	—	1	1	—	1	1	—	—	—	—	—	—	—	—
With epidemic encephalitis	3	1	4	2	1	3	1	—	—	—	—	—	—	—	—
With other infectious diseases	1	2	3	—	2	2	1	—	—	—	—	—	—	—	—
Alcoholic psychoses	34	6	40	—	—	—	—	—	—	34	6	40	—	—	—
Due to drugs, etc.	1	2	3	—	2	2	—	—	—	1	—	1	—	—	—
Traumatic psychoses	2	—	2	—	—	—	1	—	—	1	—	1	—	—	—
With cerebral arteriosclerosis	21	24	45	7	19	26	8	3	11	5	1	6	1	1	2
With other disturbances of circulation	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	11	1	12	3	1	4	4	—	—	4	—	4	—	—	—
Semile psychoses	9	4	13	3	3	6	6	1	7	—	—	—	—	1	1
Involuntary psychoses	8	6	14	4	5	9	3	—	—	1	—	2	—	—	—
Due to other metabolic diseases, etc.	4	2	6	—	2	2	2	—	—	2	—	2	—	—	—
Due to new growth	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	2	4	1	2	3	1	—	—	—	—	—	—	—	—
Psychoneuroses	6	10	16	1	8	9	3	1	4	1	1	2	1	—	1
Manic-depressive psychoses	101	131	232	33	104	137	45	16	61	22	8	30	1	3	4
Dementia praecox	156	135	291	56	116	172	71	15	86	26	1	27	3	3	6
Paranoia and paranoid conditions	2	8	10	1	5	6	3	—	—	—	—	—	—	1	1
With psychopathic personality	9	5	14	1	1	2	7	2	9	1	2	3	—	—	—
With mental deficiency	7	18	25	4	11	15	1	3	4	2	2	4	—	2	2
Undiagnosed psychoses	2	1	3	—	1	1	2	—	—	—	—	—	—	—	—
Without psychoses	7	2	9	4	—	4	3	—	—	—	—	2	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	401	371	772	123	292	414	169	43	212	103	25	128	6	12	18

TABLE 152. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

RACE	TOTAL			WITH SYPHILITIC MENINGO- ENCEPHALITIS		WITH OTHER FORMS OF SYPHILIS		WITH EPIDEMIC ENCEPHALITIS		WITH OTHER INFECTIOUS DISEASES		ALCOHOLIC PSYCHOSES		DUE TO DRUGS, ETC.		TRAUMATIC PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	40	41	81	8	2	10	1	3	4	—	—	—	7	2	9	—	—	—
African (part black)	3	4	7	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	9	10	19	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Bulgarian	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
East Indian	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
English	269	295	564	28	6	34	3	3	6	1	1	1	2	15	3	18	1	2
French	12	14	26	—	1	1	—	—	—	—	—	—	—	2	2	20	—	—
Finnish	141	98	239	22	5	27	1	2	3	—	3	—	—	18	2	20	1	—
German	32	31	63	5	2	7	—	—	—	—	1	—	—	2	2	2	—	—
Greek	17	4	21	6	—	6	—	—	—	—	—	—	—	1	—	1	—	—
Hebrew	48	65	113	6	2	8	—	—	—	—	—	—	—	1	—	1	—	—
Irish	386	329	715	21	7	28	2	1	3	2	2	6	6	70	9	79	1	—
Italian	120	62	182	14	2	16	1	—	1	—	—	2	2	10	1	11	—	—
Lithuanian	22	13	35	—	—	—	—	—	—	1	—	—	—	7	—	7	—	—
Mayar	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	31	26	57	3	2	5	—	—	—	—	—	—	—	3	—	3	—	—
Scandinavian ²	36	40	76	4	2	4	1	—	1	—	—	—	9	1	10	—	—	—
Scotch	27	30	57	2	2	4	—	—	—	1	1	—	2	1	3	—	—	—
Slavonic ³	78	59	137	8	1	9	1	1	—	—	—	—	21	3	24	—	—	—
Spanish	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	6	5	11	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	3	1	4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	8	4	11	7	4	11	1	—	—	—	—	—	1	—	1	—	—	—
Race unknown	46	40	86	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	440	306	746	36	15	51	6	3	9	5	1	6	1	43	3	46	3	1
Total	1,787	1,480	3,267	173	53	226	21	13	34	8	6	14	6	15	21	213	28	241
																5	8	13
																16	3	19

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 152. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex* — Continued

RACE	WITH CEREBRAL ARTERIO-SCLEROSIS		WITH OTHER DISTURBANCES OF CIRCULATION		WITH CONVULSIVE DISORDERS (EPILEPSY)		SENILE PSYCHOSES		INVOLUTIONAL PSYCHOSES		DUE TO OTHER METABOLIC DISEASES, ETC.		DUE TO NEW GROWTH		WITH ORGANIC CHANGES OF THE NERVOUS SYSTEM		PSYCHO-NEUROSES	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	4	12	16	1	—	1	1	3	4	—	1	1	1	—	1	—	—	—
African (part black)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Bulgarian.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese.	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
East Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	85	79	164	5	2	7	2	23	40	63	7	15	22	—	2	8	10	—
Finnish	—	—	—	1	1	2	1	1	1	1	1	1	1	1	2	1	1	2
French	27	16	43	2	2	2	1	7	9	16	1	4	5	1	—	1	1	2
German	8	11	19	—	—	—	1	1	3	4	2	1	3	—	1	2	3	1
Greek	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	6	7	13	1	1	2	1	1	1	2	—	2	2	—	—	—	—	—
Irish	121	98	219	5	4	9	1	22	28	50	9	24	33	4	9	13	6	13
Italian ¹	21	6	27	1	—	1	1	2	4	6	2	5	7	4	—	5	1	6
Lithuanian	1	—	1	—	—	—	—	1	1	1	—	2	2	—	2	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	7	7	14	1	—	1	1	6	6	1	1	3	4	—	3	1	4	—
Scotch	8	6	14	1	—	1	1	2	3	5	1	4	4	1	2	1	2	1
Slavonic ³	6	6	12	1	1	2	1	2	3	5	1	6	7	—	2	2	1	2
Spanish	1	—	1	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—
Syrian	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	15	14	29	—	—	—	—	5	11	16	—	—	—	—	—	—	—	—
Mixed	96	54	150	2	3	5	7	23	35	58	10	11	21	1	7	8	15	1
Total	420	321	741	21	12	33	19	27	46	90	152	242	34	82	116	26	38	64
																37	23	60
																28	25	53

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 152. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1924, by Psychoses and Sex — Concluded*

RACE	MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			PARANOIA AND PARANOID CONDITIONS			WITH PSYCHOPATHIC PERSONALITY			WITH MENTAL DEFICIENCY			UNDIAGNOSED PSYCHOSES			WITHOUT PSYCHOSES			PRIMARY BEHAVIOR DISORDERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	2	6	8	6	7	13	2	1	3	1	1	2	2	—	2	—	—	—	1	1	1	—	—	—
African (part black)	1	—	1	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
American Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	1	1	2	2	6	1	—	1	1	1	—	—	—	1	1	2	—	—	—	1	—	1	—
Bulgarian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
East Indian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	23	30	53	45	70	115	4	6	10	4	1	5	8	9	17	8	9	17	1	1	1	9	3	12
Finnish	1	1	2	4	5	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
French	4	3	7	30	32	62	2	5	7	1	1	1	7	8	15	2	2	2	3	2	5	—	—	—
German	5	4	9	8	6	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	2	2	4	6	6	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	17	13	30	9	22	31	2	3	5	—	—	—	2	6	8	1	2	6	—	—	—	—	—	—
Irish	26	43	69	66	54	120	4	16	20	3	2	5	9	7	16	3	1	4	4	2	6	—	—	—
Italian ¹	8	9	17	29	22	51	5	3	8	2	2	2	9	3	12	1	1	1	1	1	3	4	—	—
Lithuanian	2	3	5	6	6	12	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pacific Islander	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	4	2	6	7	12	19	—	—	—	—	—	—	1	2	3	1	2	3	1	—	—	1	—	1
Scandinavian ²	3	5	8	2	7	9	1	3	4	—	—	—	1	1	2	1	1	1	—	—	—	—	—	—
Scotch	3	2	5	6	2	8	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	3	6	9	23	18	41	1	1	2	1	1	2	2	4	6	2	4	6	6	1	7	—	—	—
Spanish	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	2	2	2	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	3	1	4	2	5	2	7	—	1	1	—	—	2	1	3	—	—	—	—	—	—	1	—	1
Mixed	46	46	92	92	61	153	8	13	21	7	6	13	17	14	31	1	3	4	11	3	4	11	6	17
Total	154	180	334	356	338	694	33	53	86	19	14	33	62	60	122	5	6	11	38	18	56	1	—	1

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 153. — *Race of Court Readmissions to Hospitals for Mental Diseases, 1934, by Sex*

RACE	TOTAL		
	M.	F.	T.
African (part black)	—	1	1
African (black)	6	3	9
Armenian	2	3	5
English	65	81	146
Finnish	2	7	9
French	25	19	44
German	9	6	15
Greek	3	—	3
Hebrew	29	26	55
Irish	89	88	177
Italian	25	17	42
Lithuanian	4	2	6
Magyar	1	—	1
Portuguese	6	4	10
Scandinavian ²	9	8	17
Scotch	5	6	11
Slavonic ³	14	12	26
Syrian	2	1	3
Turkish	1	—	1
Other specific races	2	1	3
Race unknown	4	6	10
Mixed	98	80	178
Total	401	371	772

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.TABLE 154. — *Race of All Temporary Admissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1934, by Sex*

RACE	TOTAL		
	M.	F.	T.
African (black)	47	44	91
African (part black)	4	4	8
Armenian	13	6	19
Chinese	8	—	8
Cuban	—	1	1
Dutch and Flemish	6	1	7
English	276	188	464
Finnish	8	4	12
French	69	41	110
German	36	20	56
Greek	10	3	13
Hebrew	87	79	166
Irish	411	274	685
Italian ¹	121	75	196
Lithuanian	23	18	41
Magyar	—	2	2
Portuguese	24	16	40
Scandinavian ²	37	17	54
Scotch	32	14	46
Slavonic ³	72	37	109
Syrian	9	3	12
Turkish	1	—	1
Welsh	1	2	3
Other specific races	4	2	6
Race unknown	34	33	67
Mixed	319	219	538
Total	1,652	1,103	2,755

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 155. — *Citizenship of All Patients Admitted to Hospitals for Mental Diseases, 1934, by Form of Admission and Sex:*
Number and Percentage Distribution
Number

ADMISSIONS	TOTAL			CITIZENS BY BIRTH			CITIZENS BY NATURALIZATION			ALIENS			CITIZENSHIP UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	1,787	1,480	3,267	1,137	956	2,093	281	174	455	268	210	478	101	140	241
Readmissions	401	371	772	285	241	526	51	57	108	55	54	109	10	19	29
Temporary Care	1,652	1,103	2,755	1,134	770	1,904	262	133	395	196	153	349	60	47	107
Voluntary Admissions	230	157	387	199	138	337	20	12	32	8	7	15	3	—	3
Transfers	247	350	597	169	243	412	42	37	79	24	51	75	12	19	31
Others ¹	28	13	41	26	12	38	1	—	1	—	1	1	1	—	1
Total	4,345	3,474	7,819	2,950	2,360	5,310	657	413	1,070	551	476	1,027	187	225	412
Percent															
First Admissions	100.0	100.0	100.0	63.7	64.6	64.1	15.7	11.7	13.9	14.9	14.2	14.6	5.7	9.5	7.4
Readmissions	100.0	100.0	100.0	71.1	64.9	68.2	12.7	15.4	13.9	13.7	14.6	14.1	2.5	5.1	3.8
Temporary Care	100.0	100.0	100.0	68.6	69.8	69.1	13.9	12.0	14.3	11.9	13.9	12.7	3.6	4.3	3.9
Voluntary Admissions	100.0	100.0	100.0	86.5	87.9	87.1	8.7	7.7	8.3	3.5	4.4	3.9	1.3	—	7
Transfers	100.0	100.0	100.0	68.4	69.4	69.0	17.0	10.6	13.2	9.7	14.6	12.6	4.9	5.4	5.2
Others ¹	100.0	100.0	100.0	92.8	92.3	92.8	3.6	—	2.4	—	7.7	2.4	3.6	—	2.4
Total	100.0	100.0	100.0	67.9	67.9	67.9	15.1	11.9	13.7	12.7	13.7	13.1	4.3	6.5	5.3

¹Includes sane dangerous cases at Monson.

TABLE 156. — *Marital Condition of First Court Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES																					
With syphilitic meningo-encephalitis	173	53	226	49	5	54	96	35	131	11	7	18	9	5	14	8	1	9	—	—	—
With other forms of syphilis	21	13	34	7	3	10	13	7	20	—	—	—	—	1	2	1	1	—	—	—	—
With epidemic encephalitis	8	6	14	4	5	9	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	6	15	21	4	2	6	1	10	11	1	3	4	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	213	28	241	84	2	86	102	20	122	16	3	19	7	1	8	3	2	5	1	1	1
Due to drugs, etc.	5	8	13	2	1	3	2	7	9	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	16	3	19	5	2	7	8	1	9	3	—	3	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	420	321	741	79	63	142	178	90	268	141	163	304	12	4	16	7	—	7	3	1	4
With other disturbances of circulation	21	12	33	6	—	6	10	7	17	4	5	9	1	—	1	—	—	—	—	—	—
With convulsive disorders (epilepsy)	19	27	46	17	18	35	1	7	8	1	1	2	—	2	2	3	1	4	—	—	1
Senile psychoses	90	152	242	21	36	57	29	23	52	37	89	126	—	2	2	—	—	—	—	—	—
Involutional psychoses	34	82	116	12	24	36	21	44	65	1	11	12	—	2	2	1	1	1	—	—	—
Due to other metabolic diseases, etc.	26	38	64	7	4	11	15	25	40	1	8	9	2	—	2	1	—	2	—	—	—
Due to new growth	2	5	7	—	1	1	2	1	3	—	2	2	—	1	1	—	—	—	—	—	—
With organic changes of nervous system	37	23	60	13	6	19	20	11	31	2	4	6	1	1	2	1	—	2	—	—	—
Psychoneuroses	28	25	53	9	12	21	15	11	26	2	2	4	1	—	1	1	—	1	—	—	—
Manic-depressive psychoses	154	180	334	75	59	134	71	97	168	5	19	24	2	2	4	1	3	4	—	—	—
Dementia praecox	356	338	694	279	171	450	63	141	204	2	14	16	11	7	18	—	5	5	1	—	1
Paranoia and paranoid conditions	33	53	86	6	23	29	21	18	39	3	10	13	3	1	4	—	—	1	—	—	—
With psychopathic personality	19	14	33	13	9	22	5	3	8	1	—	—	—	—	—	—	—	1	—	—	—
With mental deficiency	62	60	122	54	39	93	6	19	25	1	—	1	1	1	2	—	—	1	—	—	—
Undiagnosed psychoses	5	6	11	2	2	4	3	3	6	1	1	2	—	—	—	—	—	—	—	—	—
Without psychoses	38	18	56	21	15	37	8	1	9	3	2	5	3	—	3	2	—	2	—	—	—
Primary behavior disorders	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,787	1,480	3,267	770	502	1,272	694	582	1,276	237	344	581	54	30	84	27	19	46	5	3	8

TABLE 158. — *Marital Condition of All Temporary Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	29	20	49	6	5	11	19	8	27	—	1	—	3	3	6	1	4	5	—	—	—
With other forms of syphilis	9	2	11	2	1	3	6	—	6	1	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	1	2	3	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	7	11	18	1	3	4	4	8	12	—	—	—	2	—	2	—	—	—	—	—	—
Alcoholic psychoses	257	44	301	98	3	101	127	32	159	18	3	21	10	2	12	3	3	6	1	1	2
Due to drugs, etc.	18	9	27	8	6	14	5	3	8	1	—	1	4	—	4	—	—	—	—	—	—
Traumatic psychoses	18	4	22	9	2	11	7	2	9	2	—	2	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	66	47	113	10	10	20	34	18	52	18	17	35	—	1	1	3	1	4	1	—	1
With other disturbances of circulation	7	12	19	2	2	4	5	4	9	—	4	4	—	2	2	—	—	—	—	—	—
With convulsive disorders (epilepsy)	30	20	50	19	11	30	4	8	12	3	1	—	1	—	1	2	—	2	1	—	1
Senile psychoses	15	7	22	2	3	5	4	1	5	8	3	11	—	—	—	—	—	—	—	—	—
Involuntary psychoses	13	22	35	5	4	9	3	13	16	4	1	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	9	19	28	2	5	7	8	12	20	—	4	4	—	—	—	—	—	—	—	—	—
Due to new growth	2	4	6	1	2	3	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	40	19	59	19	5	24	16	11	27	5	2	7	—	1	1	—	—	—	—	—	—
Psychoneuroses	65	69	134	29	36	65	31	31	62	2	1	3	3	1	4	—	—	—	—	—	—
Manic-depressive psychoses	108	153	261	48	55	103	49	81	130	3	9	12	5	4	9	3	3	6	—	1	1
Dementia praecox	165	195	360	120	103	223	39	72	111	2	6	8	1	7	8	3	6	9	—	1	1
Paranoia and paranoid conditions	34	23	57	8	7	15	24	9	33	2	6	8	—	1	1	—	—	—	—	—	—
With psychopathic personality	8	40	48	8	16	24	—	18	18	—	2	2	—	2	2	—	—	—	—	—	—
With mental deficiency	14	37	51	12	23	35	1	10	11	1	2	3	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	144	96	240	81	30	111	40	57	106	8	6	14	3	3	6	2	2	2	1	—	1
Without psychoses	540	228	768	252	114	366	238	86	324	31	15	46	12	6	18	6	6	12	1	1	2
Primary behavior disorders	53	20	73	41	14	55	10	5	15	1	1	2	—	—	—	1	—	1	—	—	—
Total	1,652	1,103	2,755	784	461	1,245	684	491	1,175	110	84	194	44	35	79	24	28	52	6	4	10

TABLE 159. — Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1934, by Marital Condition and Sex

AGE GROUPS	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Under 19 years	81	69	150	81	63	144	—	5	5	—	—	—	1	1
20-29 years	260	206	466	231	131	362	29	71	100	—	3	3	—	—
30-39 years	314	214	528	165	66	231	125	131	256	13	5	6	11	1
40-49 years	302	239	541	94	71	165	171	135	306	14	5	19	6	—
50-59 years	248	233	481	74	58	132	136	118	254	8	9	17	2	1
60-69 years	275	203	478	77	47	124	128	71	199	10	5	15	7	2
70-79 years	224	213	437	40	49	89	82	42	124	88	118	206	5	1
80 years and over	83	103	186	8	17	25	23	9	32	49	75	124	2	1
Total	1,787	1,480	3,267	770	502	1,272	694	582	1,276	54	30	84	27	19
													46	5
														3
														8

TABLE 160. — Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1934, by Marital Condition and Sex

	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	7	9	7	8	15	—	1	1	—	—	—	—	—	—
20-29 years	63	50	59	39	98	4	11	15	—	—	—	—	—	—
30-39 years	101	73	65	27	92	29	38	67	1	3	4	6	3	9
40-49 years	107	94	54	23	77	45	58	103	2	4	6	1	3	4
50-59 years	62	82	25	23	48	30	39	69	6	12	18	1	4	5
60-69 years	38	43	10	8	18	23	18	41	4	16	20	1	1	2
70-79 years	20	17	3	3	6	7	8	15	9	6	15	—	—	—
80 years and over	3	3	1	—	1	1	1	2	1	2	3	—	—	—
Total	401	371	224	131	355	139	174	313	23	43	66	14	14	28
									1	9	10	—	—	—

TABLE 161. — Admission Ages of All Temporary Admissions to Hospitals for Mental Diseases, 1934, by Marital Condition and Sex

	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	164	158	164	151	315	—	6	6	—	—	—	—	1	1
20-29 years	302	236	244	127	371	52	101	153	—	4	2	6	1	3
30-39 years	364	246	173	67	240	161	150	311	11	7	18	14	13	27
40-49 years	370	202	108	46	154	218	116	334	21	17	38	14	12	26
50-59 years	263	168	62	44	106	160	89	249	26	24	50	7	7	14
60-69 years	129	55	25	15	40	71	22	93	25	15	40	4	1	5
70-79 years	44	25	6	3	9	21	5	26	20	12	32	1	1	1
80 years and over	11	13	2	3	5	1	2	3	7	8	15	—	—	—
Total	1,652	1,103	784	461	1,245	684	491	1,175	110	84	194	44	35	79
									24	28	52	6	4	10

TABLE 163. — *Degree of Education of Court Readmissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL		ILLITERATE		READS ONLY		READS AND WRITES		COMMON SCHOOL		HIGH SCHOOL		COLLEGE		UNKNOWN	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	14	10	1	—	—	—	3	—	7	14	2	2	1	—	—	1
With other forms of syphilis	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	3	1	—	1	—	—	—	—	1	1	2	2	—	—	—	—
With other infectious diseases	1	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	36	6	6	1	—	—	4	3	23	2	2	2	1	—	—	—
Due to drugs, etc.	1	2	—	—	—	—	—	—	1	3	—	—	—	—	—	—
Traumatic psychoses	2	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
With cerebral arteriosclerosis	21	24	4	4	—	—	—	2	12	13	4	5	1	—	—	—
With other disturbances of circulation	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	11	1	—	—	—	—	2	1	8	—	1	—	—	—	—	—
Senile psychoses	9	4	1	—	—	—	—	—	7	1	2	2	—	—	1	2
With convulsive disorders (epilepsy)	8	6	2	2	—	—	—	—	8	2	10	—	—	—	—	—
Involutional psychoses	2	2	1	1	—	—	—	—	1	1	2	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	2	—	—	—	—	—	—	2	—	2	—	—	—	—	—
Psychoneuroses	6	10	—	—	—	—	—	—	4	7	—	1	—	—	—	—
Manic-depressive psychoses	101	131	4	3	—	—	5	5	53	67	11	2	—	—	1	1
Dementia praecox	156	135	3	5	—	—	7	10	71	120	27	47	11	8	19	2
Paranoia and paranoid conditions	2	8	—	—	—	—	—	—	100	34	39	73	11	9	20	1
With psychopathic personality	9	5	—	—	—	—	1	1	1	5	—	2	—	—	1	1
With mental deficiency	7	18	1	3	—	—	—	—	6	5	—	—	1	—	—	—
Undiagnosed psychoses	2	1	—	—	—	—	2	3	4	9	13	—	—	—	—	—
Without psychoses	7	2	1	—	—	—	—	—	4	1	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	401	371	22	20	42	—	26	28	244	438	76	107	27	17	6	10

TABLE 164. — *Degree of Education of All Temporary Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL			ILLITERATE			READS ONLY			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	29	20	49	1	1	2	—	—	—	2	—	—	18	16	34	7	1	8	1	2	3	—	—	—
With other forms of syphilis	9	2	11	—	—	—	—	—	—	—	—	—	6	1	7	3	—	—	—	—	—	—	—	—
With epidemic encephalitis	1	2	3	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	7	11	18	—	—	—	—	—	—	—	—	—	5	10	15	1	—	2	—	—	—	—	—	—
Alcoholic psychoses	257	44	301	12	3	15	—	—	—	13	—	—	170	31	201	4	7	48	1	1	12	10	—	10
Due to drugs, etc.	18	9	27	—	—	—	—	—	—	—	—	—	9	6	15	6	3	9	—	—	—	—	—	—
Traumatic psychoses	18	4	22	1	—	1	—	—	—	—	—	—	9	2	11	7	2	9	1	—	—	—	—	—
With cerebral arteriosclerosis	66	47	113	4	—	—	—	—	—	—	—	—	38	22	60	6	8	14	3	1	4	10	13	23
With other disturbances of circulation	7	12	19	—	—	—	—	—	—	—	—	—	5	8	13	1	—	1	—	2	2	1	2	3
With convulsive disorders (epilepsy)	30	20	50	—	—	—	—	—	—	—	—	—	23	19	42	4	—	4	2	—	2	1	—	—
Senile psychoses	15	7	22	3	1	4	—	—	—	—	—	—	8	1	9	1	2	3	—	1	1	3	1	4
Involutional psychoses	13	22	35	2	2	4	—	—	—	—	—	—	9	14	23	1	5	6	—	—	—	—	—	—
Due to other metabolic diseases, etc.	9	19	28	—	—	—	—	—	—	—	—	—	5	11	16	2	5	7	—	—	—	—	—	—
Due to new growth	2	4	6	—	—	—	—	—	—	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	40	19	59	5	—	—	—	—	—	—	—	—	20	11	31	8	5	13	—	—	—	—	—	—
Psychoneuroses	65	69	134	2	1	3	—	—	—	3	—	—	35	39	74	15	25	40	7	2	9	3	1	4
Manic-depressive psychoses	108	153	261	5	3	8	—	—	—	1	3	—	59	77	136	26	58	84	15	11	26	2	1	3
Dementia praecox	165	195	360	1	6	7	—	—	—	1	7	8	88	97	185	62	72	134	11	11	22	1	1	2
Paranoia and paranoid conditions	34	23	57	1	—	1	—	—	—	—	—	—	28	9	37	5	8	13	—	2	2	—	—	—
With psychopathic personality	8	40	48	—	—	—	—	—	—	—	—	—	24	31	55	—	13	13	—	1	1	—	—	—
With mental deficiency	37	51	88	2	7	9	—	—	—	2	2	4	9	26	35	1	2	3	—	—	—	—	—	—
Undiagnosed psychoses	144	96	240	8	4	12	—	—	—	8	4	12	86	58	144	29	24	53	7	2	9	6	4	10
Without psychoses	540	228	768	24	11	35	—	—	—	29	12	41	308	132	440	112	58	170	39	3	42	27	12	39
Primary behavior disorders	53	20	73	3	—	3	—	—	—	2	—	—	30	16	46	15	2	17	1	—	1	1	2	3
Total	1,652	1,103	2,755	75	40	115	4	3	7	71	44	115	977	633	1,610	353	303	656	103	39	142	69	41	110

TABLE 165. — *Economic Status of First Court Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	173	53	226	48	16	64	116	34	150	6	1	7	3	2	5
With other forms of syphilis	21	13	34	14	2	16	6	11	17	1	—	1	—	—	—
With epidemic encephalitis	8	6	14	1	1	2	6	4	10	—	—	—	1	—	1
With other infectious diseases	6	15	21	—	—	—	4	14	18	1	—	1	1	1	2
Alcoholic psychoses	213	28	241	49	5	54	153	22	175	8	—	8	3	1	4
Due to drugs, etc.	16	8	24	1	—	1	4	5	9	—	—	—	—	—	—
Traumatic psychoses	5	3	8	6	1	7	10	2	12	—	—	—	—	—	—
With cerebral arteriosclerosis	420	321	741	165	114	279	212	163	375	22	13	35	21	31	52
With other disturbances of circulation	21	12	33	3	1	4	13	10	23	3	1	4	2	—	2
With convulsive disorders (epilepsy)	19	27	46	3	9	12	14	16	30	2	1	3	—	1	1
Senile psychoses	90	152	242	45	69	114	35	61	96	5	3	8	5	19	24
Involutional psychoses	34	82	116	8	6	14	25	68	93	1	4	5	—	4	4
Due to other metabolic diseases, etc.	26	38	64	9	9	18	15	24	39	—	3	3	2	2	4
Due to new growth	2	5	7	—	1	1	2	4	6	—	—	—	—	—	—
With organic changes of nervous system	37	23	60	15	3	18	20	16	36	1	1	2	1	3	4
Psychoneuroses	28	25	53	7	5	12	21	20	41	—	—	—	—	—	—
Manic-depressive psychoses	154	180	334	31	23	54	112	138	250	10	11	21	1	8	9
Dementia praecox	356	338	694	97	80	177	236	233	469	16	21	37	7	4	11
Paranoia and paranoid conditions	33	53	86	8	10	18	24	35	59	1	5	6	—	3	3
With psychopathic personality	19	14	33	9	3	12	8	11	19	2	—	2	—	—	—
With mental deficiency	62	60	122	28	33	61	34	27	61	—	—	—	—	—	—
Undiagnosed psychoses	5	6	11	2	—	2	3	5	8	—	—	—	—	—	—
Without psychoses	38	18	56	12	12	24	23	4	27	3	2	5	—	1	1
Primary behavior disorders	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Total	1,787	1,480	3,267	561	403	964	1,097	927	2,024	82	69	151	47	81	128

TABLE 166. — *Economic Status of Court Readmissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	14	10	24	3	1	4	11	9	20	—	—	—	—	—	—
With other forms of syphilis	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
With epidemic encephalitis	3	1	4	—	—	—	3	1	4	—	—	—	—	—	—
With other infectious diseases	1	2	3	—	—	—	1	2	3	—	—	—	—	—	—
Alcoholic psychoses	36	6	42	3	—	3	32	6	38	—	—	—	1	—	1
Due to drugs, etc.	1	2	3	—	1	1	1	1	2	—	—	—	—	—	—
Traumatic psychoses	2	—	2	—	—	—	1	—	1	—	—	—	—	—	—
With cerebral arteriosclerosis	21	24	45	5	3	8	13	19	32	1	2	3	2	—	2
With other disturbances of circulation	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—
With convulsive disorders (epilepsy)	11	1	12	1	1	2	9	1	9	1	—	1	—	—	—
Senile psychoses	9	4	13	2	3	5	7	1	8	—	—	—	—	—	—
Involutional psychoses	8	6	14	3	—	3	4	5	9	1	1	2	—	—	—
Due to other metabolic diseases, etc.	2	2	4	—	1	1	2	1	3	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	2	4	—	—	—	—	2	4	—	—	—	—	—	—
Psychoneuroses	6	10	16	—	1	1	6	9	15	—	—	—	—	—	—
Manic-depressive psychoses	101	131	232	16	17	33	78	106	184	7	6	13	—	2	2
Dementia praecox	156	135	291	39	22	61	112	104	216	5	6	11	—	3	3
Paranoia and paranoid conditions	2	8	10	1	2	3	1	5	6	—	1	1	—	—	—
With psychopathic personality	9	5	14	2	1	3	7	4	11	—	—	—	—	—	—
With mental deficiency	7	18	25	5	6	11	2	11	13	—	—	—	—	1	1
Undiagnosed psychoses	2	1	3	—	—	—	1	1	2	—	—	—	—	—	—
Without psychoses	7	2	9	1	—	2	3	1	4	2	2	1	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	401	371	773	83	59	142	298	289	587	17	17	34	3	6	9

TABLE 167. — *Economic Status of All Temporary Admissions to Hospitals for Mental Diseases, 1934, by Psychoses and Sex*

	PSYCHOSES			TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	29	20	49	4	3	7	25	17	42	1	1	2	1	1	2	—	—	—
With other forms of syphilis	9	2	11	—	—	—	8	2	10	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	1	2	3	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—
With other infectious diseases	7	11	18	—	1	1	7	10	17	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	257	44	301	42	9	51	205	35	240	6	—	6	4	—	4	—	—	—
Due to drugs, etc.	18	9	27	1	3	4	17	6	23	—	—	—	—	—	—	—	—	—
Traumatic psychoses	18	4	22	1	—	1	15	4	19	2	—	2	—	—	—	—	—	—
With cerebral arteriosclerosis	66	47	113	19	5	24	36	32	68	2	—	2	—	—	—	—	—	—
With other disturbances of circulation	7	12	19	—	4	4	5	5	10	2	—	2	—	—	—	—	—	—
With convulsive disorders (epilepsy)	30	20	50	9	6	15	21	13	34	—	—	—	—	—	—	—	—	—
Senile psychoses	15	7	22	5	2	7	10	4	14	—	—	—	—	—	—	—	—	—
Involutional psychoses	13	22	35	2	4	6	11	18	29	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	9	19	28	1	—	1	6	19	25	—	—	—	—	—	—	—	—	—
Due to new growth	2	4	6	—	—	—	2	3	5	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	40	19	59	7	1	8	32	18	50	—	—	—	—	—	—	—	—	—
Psychoneuroses	65	69	134	13	10	23	52	55	107	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	108	153	261	16	19	35	90	133	223	1	1	2	1	—	—	—	—	—
Dementia praecox	165	195	360	28	24	52	135	169	304	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	34	23	57	5	4	9	28	19	47	1	—	1	—	—	—	—	—	—
With psychopathic personality	8	40	48	3	7	10	5	32	37	—	—	—	—	—	—	—	—	—
With mental deficiency	14	37	51	5	5	10	8	32	40	1	—	1	—	—	—	—	—	—
Undiagnosed psychoses	144	96	240	22	8	30	119	87	206	1	—	1	—	—	—	—	—	—
Without psychoses	540	228	768	94	51	145	413	170	583	19	2	21	14	5	19	—	—	—
Primary behavior disorders	53	20	73	23	6	29	30	14	44	—	—	—	—	—	—	—	—	—
Total	1,652	1,103	2,755	300	172	472	1,281	899	2,180	36	8	44	35	24	59	—	—	—

TABLE 171. — Number of Times Admitted and Psychoses of ALL Admissions by Court Commitment to Hospitals for Mental Diseases, 1934, by Sex.

PSYCHOSES	TOTAL			ONE			TWO			THREE			FOUR			FIVE			SIX OR MORE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	187	63	250	173	53	226	4	4	8	1	2	3	1	1	1	—	—	—	—	—	—
With other forms of syphilis	22	13	35	21	13	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	11	7	18	8	6	14	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	7	17	24	6	15	21	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	249	34	283	213	28	241	13	2	15	9	2	11	5	4	1	5	5	1	6	—	—
Due to drugs, etc.	6	10	16	5	8	13	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	18	3	21	16	3	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	441	345	786	420	321	741	15	17	32	4	3	7	1	1	2	3	1	1	1	1	1
With other disturbances of circulation	21	13	34	21	12	33	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	30	28	58	19	27	46	6	4	10	2	4	7	1	1	—	—	3	—	—	—	—
Senile psychoses	99	156	255	90	152	242	2	3	4	3	7	2	2	1	—	—	—	—	—	—	—
Involuntary psychoses	42	88	130	34	82	116	4	3	4	3	7	2	2	2	4	—	—	—	—	—	—
Due to other metabolic diseases, etc.	28	40	68	26	38	64	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—
Due to new growth	2	5	7	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	39	25	64	37	23	60	1	1	2	1	1	2	5	2	2	4	—	1	1	—	—
Psychoneuroses	34	35	69	28	25	53	2	3	5	2	3	5	23	24	47	13	12	25	14	26	40
Manic-depressive psychoses	255	311	566	154	180	334	25	30	55	26	39	65	23	24	47	12	9	21	12	11	23
Dementia praecox	512	473	985	356	338	694	71	43	114	46	43	89	15	29	44	12	9	21	12	11	23
Paranoia and paranoid conditions	35	61	96	33	53	86	1	1	2	4	3	3	3	3	1	2	1	2	2	2	4
With psychopathic personality	28	19	47	19	14	33	3	1	4	2	1	3	1	1	3	1	1	2	2	1	1
With mental deficiency	69	78	147	62	60	122	4	7	11	2	5	7	1	1	3	4	2	2	2	1	1
Undiagnosed psychoses	7	7	14	5	6	11	1	1	—	1	1	1	1	1	1	—	—	—	—	—	—
Without psychoses	45	20	65	38	18	56	3	—	—	—	—	—	1	—	—	—	—	—	3	1	4
Primary behavior disorders	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,188	1,851	4,039	1,787	1,480	3,267	160	115	275	110	115	225	55	68	123	36	28	64	40	45	85

TABLE 172. — Psychoses of All First Admissions, Readmissions and Transfers to State Hospitals for Mental Diseases, 1934,
by Form of Admission and Sex

PSYCHOSES	TOTAL			TOTAL						COURT COMMITMENT ¹					
	ALL GROUPS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	264	87	351	202	70	272	28	13	41	173	53	226	14	10	24
With other forms of syphilis	38	20	58	32	13	45	1	2	3	21	13	34	1	—	1
With epidemic encephalitis	13	10	23	8	8	16	4	2	6	8	6	14	3	1	4
With other infectious diseases	15	30	45	13	27	40	1	3	4	6	15	21	1	2	3
Alcoholic psychoses	531	84	615	415	59	474	98	19	117	213	28	241	36	6	42
Due to drugs, etc.	25	22	47	16	18	34	9	3	12	5	8	13	1	2	3
Traumatic psychoses	40	7	47	34	7	41	5	—	5	16	3	19	2	—	2
With cerebral arteriosclerosis	522	405	927	477	364	841	32	28	60	420	321	741	21	24	45
With other disturbances of circulation	28	27	55	24	52	76	—	2	2	21	12	33	—	1	1
With convulsive disorders (epilepsy)	101	74	175	55	110	165	4	16	56	25	30	55	14	4	18
Senile psychoses	121	172	293	102	160	262	14	4	18	90	152	242	9	4	13
Involuntary psychoses	59	121	180	45	103	148	11	9	20	34	82	116	8	6	14
Due to other metabolic diseases, etc.	38	69	107	32	57	89	6	5	11	26	38	64	2	2	4
Due to new growth	4	9	13	4	8	12	1	1	2	2	5	7	—	—	—
With organic changes of nervous system	81	46	127	68	38	106	11	6	17	37	23	60	2	2	4
Psychoneuroses	128	120	248	95	89	184	29	28	57	28	25	53	6	10	16
Manic-depressive psychoses	397	520	917	226	284	510	150	198	348	154	180	334	101	131	232
Dementia praecox	777	846	1,623	479	490	969	208	182	390	356	338	694	156	135	291
Paranoia and paranoid conditions	75	96	171	62	70	132	8	15	23	33	53	86	2	8	10
With psychopathic personality	43	72	115	27	38	65	13	25	38	21	14	35	9	5	14
With mental deficiency	93	139	232	71	80	151	12	35	47	62	60	122	7	18	25
Undiagnosed psychoses	172	131	303	115	83	198	37	20	57	5	6	11	2	1	3
Without psychoses	726	343	1,069	499	244	743	22	95	317	49	24	73	13	3	16
Primary behavior disorders	54	24	78	41	19	60	13	5	18	1	—	1	—	—	—
Total	4,345	3,474	7,819	3,146	2,408	5,554	952	716	1,668	1,806	1,489	3,295	410	375	785

¹Includes Sane Dangerous Cases at Monson.

TABLE 172. — *Psychoses of All First Admissions, Readmissions and Transfers to State Hospitals for Mental Diseases, 1934, by Form of Admission and Sex — Concluded*

PSYCHOSES	TEMPORARY CARE						OBSERVATION						VOLUNTARY						TRANSFER		
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
With syphilitic meningo-encephalitis	15	17	32	6	2	8	6	—	6	2	1	3	8	—	8	6	—	6	34	4	38
With other forms of syphilis	8	—	8	—	—	2	1	—	—	—	—	—	2	—	2	—	—	—	5	5	10
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
With other infectious diseases	3	7	10	—	—	—	4	3	7	—	1	1	—	—	—	—	—	—	1	—	1
Alcoholic psychoses	156	20	176	44	8	52	43	11	54	14	5	19	3	2	3	4	4	4	18	6	24
Due to drugs, etc.	9	7	16	5	—	5	2	2	4	2	—	2	—	1	1	1	1	2	—	1	1
Traumatic psychoses	8	2	10	2	—	2	7	2	9	1	—	1	3	—	3	—	—	—	1	—	1
With cerebral arteriosclerosis	42	32	74	6	4	10	15	11	26	3	—	3	—	—	—	2	—	2	13	13	26
With other disturbances of circulation	5	9	14	—	1	1	2	2	4	—	—	—	—	1	1	—	—	—	—	—	—
With convulsive disorders (epilepsy)	11	10	21	14	8	22	1	1	2	4	1	5	18	14	32	8	3	11	6	3	9
Senile psychoses	6	5	11	5	—	5	4	2	6	—	—	—	2	1	3	—	—	—	5	8	13
Involuntary psychoses	11	18	29	2	2	4	—	2	2	—	—	—	—	—	—	1	1	2	3	9	12
Due to other metabolic diseases, etc.	4	15	19	3	2	5	2	2	4	—	—	—	—	2	2	1	1	2	—	7	7
Due to new growth	2	1	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	24	15	39	5	4	9	7	—	7	4	—	4	—	—	—	—	—	—	2	2	4
Psychoneuroses	34	47	81	7	11	18	16	8	24	8	3	11	17	9	26	8	4	12	4	3	7
Manic-depressive psychoses	51	86	137	30	47	77	16	10	26	11	10	21	5	8	13	8	10	18	21	38	59
Dementia praecox	104	137	241	36	40	76	12	13	25	13	5	18	7	2	9	3	2	5	90	174	264
Paranoia and paranoid conditions	26	12	38	4	5	9	3	4	7	1	2	3	—	1	1	1	—	1	5	11	16
With psychopathic personality	2	18	20	3	14	17	2	4	6	1	4	5	2	2	4	—	2	2	3	9	12
With mental deficiency	5	15	20	3	9	12	4	5	9	2	8	10	—	—	—	—	—	—	10	24	34
Undiagnosed psychoses	102	74	176	31	17	48	8	3	11	3	2	5	—	—	—	—	—	1	20	28	48
Without psychoses	197	96	293	91	31	122	172	63	235	80	38	118	81	61	142	38	23	61	5	4	9
Primary behavior disorders	16	10	26	2	2	4	24	6	30	11	2	13	—	3	3	—	1	1	—	—	—
Total	841	653	1,494	299	210	509	351	158	509	161	82	243	148	108	256	82	49	131	247	350	597

TABLE 173. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1934, by Form of Admission and Sex*

PSYCHOSES	TOTAL			TOTAL						TRANSFERS (READMISSIONS)						TOTAL						FIRST ADMISSIONS						READMISSIONS					
	TOTAL			ALL FIRST ADMISSIONS			ALL READMISSIONS			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syph. meningo-encephalitis	123	46	169	62	36	98	19	5	24	42	5	47	48	19	67	39	17	56	9	2	11	39	17	56	9	2	11	39	17	56	9	2	11
With other forms of syphilis	24	11	35	13	4	17	8	2	10	3	5	8	11	4	15	3	4	7	8	—	8	3	4	7	8	—	8	3	4	7	8	—	8
With epidemic encephalitis	13	10	23	8	7	15	2	2	4	3	1	4	9	6	15	8	5	13	1	1	2	8	5	13	1	1	2	8	5	13	1	1	2
With other infectious diseases	18	19	37	8	15	23	3	8	11	—	3	3	4	3	7	4	3	7	—	—	—	4	3	7	—	—	—	4	3	7	—	—	—
Alcoholic psychoses	399	68	467	297	47	344	83	15	98	19	6	25	132	21	153	109	18	127	23	3	26	109	18	127	23	3	26	109	18	127	23	3	26
Due to drugs, etc.	32	22	54	21	19	40	9	3	12	2	—	3	11	10	21	9	8	17	2	2	4	11	9	17	2	2	4	11	9	17	2	2	4
Traumatic psychoses	34	4	38	26	4	30	5	—	5	3	—	3	12	10	—	12	10	—	2	—	2	12	10	—	2	—	2	12	10	—	2	—	2
With cerebral arteriosclerosis	112	101	213	83	86	169	13	11	24	16	4	20	52	63	115	47	55	102	5	8	13	47	55	102	5	8	13	47	55	102	5	8	13
With other disturbances of circulation	5	20	25	4	16	20	1	3	4	—	1	1	1	10	11	—	8	8	1	2	3	—	8	8	—	1	2	3	—	8	8	—	1
With convulsive disorders (epil.)	79	45	124	41	27	68	31	14	45	7	4	11	21	13	34	17	10	27	4	3	7	17	10	27	4	3	7	17	10	27	4	3	7
Senile psychoses	23	29	52	15	21	36	5	5	10	3	3	6	13	23	36	11	18	29	2	5	7	11	18	29	2	5	7	11	18	29	2	5	7
Involuntal psychoses	36	67	103	27	44	71	7	12	19	2	11	13	19	34	53	15	24	39	4	10	14	15	24	39	4	10	14	15	24	39	4	10	14
Due to other metabolic diseases, etc	15	48	63	12	38	50	3	6	9	—	4	4	10	24	34	34	9	21	30	1	3	4	34	9	21	30	1	3	4	34	9	21	30
Due to new growth	3	3	6	3	2	5	—	1	1	—	—	—	1	1	2	1	1	2	—	—	—	1	1	2	—	—	—	1	1	2	—	—	—
With organic changes of nervous system	54	27	81	37	20	57	15	6	21	2	1	3	14	7	21	10	6	16	4	1	5	10	6	16	4	1	5	10	6	16	4	1	5
Psychoneuroses	123	116	239	90	86	176	31	26	57	2	4	6	27	31	58	20	23	43	7	8	15	20	23	43	7	8	15	20	23	43	7	8	15
Manic-depressive psychoses	351	434	805	192	243	435	134	180	314	25	31	56	209	257	466	124	145	269	85	112	197	124	145	269	85	112	197	124	145	269	85	112	197
Dementia praecox	520	637	1,157	276	333	609	147	123	270	97	181	278	248	258	506	161	181	342	87	77	164	161	181	342	87	77	164	161	181	342	87	77	164
Paranoia and paranoid conditions	64	71	135	49	48	97	8	18	26	7	5	12	20	42	62	18	31	49	7	11	13	18	31	49	7	11	13	18	31	49	7	11	13
With psychopathic personality	34	62	96	16	25	41	15	30	45	3	7	10	21	14	35	13	6	19	8	8	16	13	6	19	8	8	16	13	6	19	8	8	16
With mental deficiency	64	111	175	41	55	96	15	29	44	8	27	35	42	48	90	30	37	67	12	11	23	30	37	67	12	11	23	30	37	67	12	11	23
Undiagnosed psychoses	147	102	249	109	76	185	36	19	55	2	7	9	2	5	7	1	4	5	1	1	2	2	5	7	1	4	5	1	1	2	2	5	7
Without psychoses	687	305	992	460	204	664	223	96	319	4	5	9	52	16	68	39	12	51	13	4	17	39	12	51	13	4	17	39	12	51	13	4	17
Primary behavior disorders	53	21	74	40	17	57	13	4	17	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—	—
Total	3,003	2,399	5,402	1,930	1,473	3,403	823	611	1,434	250	315	565	980	909	1,889	699	637	1,336	281	272	553	699	637	1,336	281	272	553	699	637	1,336	281	272	553

†Includes Sane Dangerous Cases at Monson.

TABLE 173. — *Psychoses of All Cases Discharged from Hospitals for Mental Diseases, 1934, by Form of Admission and Sex* — Concluded

PSYCHOSES	TEMPORARY CARE			OBSERVATION			VOLUNTARY			TRANSFERS READMISSIONS																					
	TOTAL		FIRST ADMISSIONS	READ- MISSIONS		TOTAL	FIRST ADMISSIONS	READ- MISSIONS	TOTAL		FIRST ADMISSIONS	READ- MISSIONS																			
	M.	F.	T.	M.	F.	T.	M.	F.	T.		M.	F.	T.																		
With syphilitic meningo- encephalitis	18	20	38	13	18	31	5	2	7	4	1	5	3	—	3	1	2	11	1	12	7	1	8	4	4	42	5	47			
With other forms of syphilis	7	1	8	7	—	7	—	1	1	—	—	—	—	—	—	—	—	—	3	1	4	3	—	3	—	1	3	5	8		
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	1	2	3	2	3	2	2	1	—	—	1	1	—	—	—	—	—	1	1	2		
With other infectious diseases	2	7	9	2	7	9	—	—	—	1	2	3	2	3	2	1	—	—	—	2	2	—	2	—	2	2	3	3	4		
Alcoholic psychoses	190	26	216	146	19	165	44	7	51	55	15	70	41	10	51	14	5	19	3	3	1	—	1	2	—	19	6	25			
Due to drugs, etc.	14	8	22	9	8	17	5	—	5	5	1	6	3	1	4	2	—	2	—	3	3	—	2	2	—	2	—	2	2		
Traumatic psychoses	9	2	11	7	2	9	2	—	2	7	2	9	6	2	8	1	—	1	—	3	—	3	3	—	3	—	3	—	3		
With cerebral arteriosclerosis	34	28	62	29	25	54	5	3	8	9	6	15	7	6	13	2	—	2	1	—	1	—	—	—	1	—	1	4	20		
With other disturbances of circulation	3	8	11	3	7	10	—	1	1	1	—	1	1	—	1	—	—	—	—	1	1	—	1	—	—	—	—	1	1		
With convulsive disorders (epilepsy)	25	17	42	10	9	19	15	8	23	4	3	7	1	2	3	3	1	4	22	8	30	13	6	19	9	2	11	7	4	11	
Senile psychoses	5	3	8	2	3	5	3	—	3	1	—	1	1	—	1	—	—	—	1	—	1	1	—	—	—	—	3	3	6		
Involuntal psychoses	14	20	34	12	18	30	2	2	4	—	1	1	—	1	1	—	—	—	1	1	2	—	1	1	1	—	2	11	13		
Due to other metabolic dis- eases, etc.	5	16	21	3	14	17	2	2	4	—	2	2	—	2	2	—	—	—	—	2	2	—	1	1	—	1	—	4	4		
Due to new growth	2	2	4	2	1	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
With organic changes of ner- vous system	29	18	47	22	13	35	7	5	12	9	—	9	5	—	5	4	—	4	—	1	1	—	1	1	—	—	2	1	3		
Psychoneuroses	43	57	100	34	47	81	9	10	19	27	12	39	20	9	29	7	3	10	24	12	36	16	7	23	8	5	13	2	4	6	
Manic-depressive psychoses	79	133	212	48	80	128	31	53	84	28	18	46	17	9	26	11	9	20	10	15	25	3	9	12	7	6	13	25	31	56	
Dementia praecox	140	176	316	99	136	235	41	40	81	24	18	42	12	14	26	12	4	16	11	4	15	4	2	6	7	2	9	97	181	278	
Paranoia and paranoid con- ditions	30	17	47	26	12	38	4	5	9	6	6	12	5	4	9	1	2	3	1	1	2	—	1	1	—	1	1	7	5	12	
With psychotic personality	5	29	34	1	14	15	4	5	19	4	8	12	2	4	6	2	4	6	1	4	5	—	1	1	1	1	3	4	3	7	10
With mental deficiency	8	24	32	6	14	20	2	10	12	6	12	18	5	4	9	1	8	9	—	—	—	—	—	—	—	—	8	27	35		
Undiagnosed psychoses	132	86	218	100	70	170	32	16	48	10	4	14	8	2	10	2	2	4	1	—	1	—	—	—	—	1	—	2	7	9	
Without psychoses	278	123	401	190	89	279	88	34	122	261	99	360	175	61	236	86	38	124	92	62	154	56	42	98	36	20	56	4	5	9	
Primary behavior disorders	18	11	29	16	9	25	2	2	4	33	6	39	23	5	28	10	1	11	1	4	5	—	3	3	1	1	2	—	—	—	
Total	1,090	832	1,922	787	615	1,402	303	217	520	497	220	717	337	141	478	160	79	239	186	123	309	107	80	187	79	43	122	250	315	565	

TABLE 174. — *Psychoses of Court First Admissions Discharged from State Hospitals for Mental Diseases, 1934, by Age at Discharge and Sex*

PSYCHOSES	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
With syphilitic meningo-encephalitis.	39	17	56															
With other forms of syphilis	3	4	7															
With epidemic encephalitis	8	5	13															
With other infectious diseases	4	3	7															
Alcoholic psychoses	109	18	127															
Due to drugs, etc.	9	8	17															
Traumatic psychoses	10	—	10															
With cerebral arteriosclerosis	47	55	102															
With other disturbances of circulation	—	8	8															
With convulsive disorders (epilepsy)	9	8	17															
Senile psychoses	11	18	29															
Involutional psychoses	15	24	39															
Due to other metabolic diseases, etc.	9	21	30															
Due to new growth	1	1	2															
With organic changes of nerv. system	10	6	16															
Psychoneuroses	20	23	43															
Manic-depressive psychoses	124	145	269															
Dementia praecox	161	181	342															
Paranoia and paranoid conditions	18	31	49															
With psychopathic personality	13	6	19															
With mental deficiency	30	37	67															
Undiagnosed psychoses	1	4	5															
Without psychoses	30	11	41															
Primary behavior disorders	1	—	1															
Total	682	634	1,316	4	—	4	28	28	56	80	71	151	70	59	129	65	71	136
													87	56	143	74	70	144
																70	69	139

TABLE 174. — *Psychoses of Court First Admissions Discharged from State Hospitals for Mental Diseases, 1934, by Age at Discharge and Sex* — Concluded

PSYCHOSES	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	5	8	13	1	—	1	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	17	—	17	9	2	11	4	1	5	4	—	4	1	2	1	2	2	1	3	—	—	—	—	—
Due to drugs, etc.	2	2	4	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	1	4	5	4	10	14	9	8	17	14	11	25	10	8	18	4	6	10	1	4	5	3	3	6
With convulsive disorders (epilepsy)	—	1	1	1	1	1	1	1	1	1	1	1	—	2	2	—	—	—	—	—	—	—	—	—
Senile psychoses	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involuntary psychoses	4	4	8	3	4	7	2	5	7	1	1	2	—	3	3	6	5	3	8	1	4	5	—	—
Due to other metabolic diseases, etc.	1	3	4	—	—	3	3	—	2	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	3	1	4	—	1	1	—	2	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	17	17	34	17	12	29	6	5	11	5	3	8	2	1	3	—	—	—	—	—	—	—	—	—
Dementia praecox	5	14	19	2	6	8	2	3	5	—	2	2	1	—	1	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	1	6	7	5	4	9	1	2	3	1	—	1	1	2	3	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	3	2	5	1	2	3	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	64	68	132	45	45	90	27	35	62	29	23	52	21	17	38	13	10	23	2	9	11	3	3	6

TABLE 175. — *Psychoses of Court Readmissions Discharged from State Hospitals for Mental Diseases, 1934, by Age at Discharge and Sex*

PSYCHOSES	TOTAL			0-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.																								
With other forms of syphilis	9	2	11	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	1	1	2
With epidemic encephalitis	8	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
With other infectious diseases	1	1	2	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	23	3	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs, etc.	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	5	8	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	3	2	5	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senile psychoses	2	5	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involutional psychoses	4	10	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses	7	8	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses.	85	112	197	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dementia praecox	87	77	164	-	-	-	3	3	5	3	8	2	3	5	7	14	12	22	34	8	22	30	1	-
Paranoia and paranoid conditions	2	11	13	-	-	-	1	1	1	9	5	14	14	11	25	15	13	28	22	12	34	12	6	18
With psychopathic personality	8	8	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	12	11	23	-	-	1	1	2	1	1	2	3	2	2	4	1	1	2	3	5	2	2	2	2
Undiagnosed psychoses	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	13	4	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	280	271	551	-	-	-	4	7	11	20	10	30	22	17	39	31	30	61	52	41	93	33	35	68

TABLE 175. — *Psychoses of Court Readmissions Discharged from State Hospitals for Mental Diseases, 1934, by Age at Discharge and Sex — Concluded*

PSYCHOSES	45-49 YEARS		50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	2	1	1	—	1	—	2	—	—	—	—	—	—	—	—	—
With other forms of syphilis	3	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	5	—	3	1	4	3	1	1	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	—	1	1	2	1	1	1	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involuntary psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	2	3	1	3	4	2	2	2	1	1	1	1	1	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	—	2	2	1	3	1	1	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	9	15	24	10	16	26	7	4	11	4	5	9	1	3	1	1
Dementia praecox	4	5	9	4	10	14	2	3	2	1	3	—	1	1	1	2
Paranoia and paranoid conditions	—	3	3	—	4	4	1	1	1	1	1	2	—	—	—	—
With psychopathic personality	2	1	3	1	1	2	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	3	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	32	30	62	25	40	65	14	14	28	12	12	24	2	2	4	3

TABLE 176. — *Psychoses of Court First Admissions Discharged from State Hospitals for Mental Diseases, 1934, by Age at Admission and Sex — Concluded*

PSYCHOSES	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	3	6	9	—	2	—	2	—	—	—	—	—	—	—	—	—
With other forms of syphilis	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	14	1	15	5	4	1	3	1	1	1	1	—	—	—	—	—
Due to drugs, etc.	2	2	4	1	—	1	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	1	5	6	10	9	11	13	8	11	7	3	7	4	3	2	5
With other disturbances of circulation	—	1	1	1	—	2	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Involutional psychoses	5	5	10	2	3	1	1	1	5	4	3	6	1	2	—	—
Due to other metabolic diseases, etc.	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	17	11	28	15	6	12	3	2	—	—	—	—	—	—	—	—
Dementia praecox	4	8	12	2	2	2	1	1	1	1	—	—	—	—	—	—
Paranoia and paranoid conditions	—	1	6	7	2	4	—	—	1	1	—	—	—	—	—	—
With psychopathic personality	—	—	—	4	8	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	54	58	112	37	45	82	27	28	25	18	7	10	1	6	3	5

TABLE 177. — *Psychoses of Court Readmissions Discharged from State Hospitals for Mental Diseases, 1934, by Age at Admission and Sex*

PSYCHOSES	TOTAL			0-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
With syphilitic meningo-encephalitis	9	2	11	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	3	1	4
With other forms of syphilis	8	-	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	3	-	3
With epidemic encephalitis	1	1	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
With other infectious diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	23	3	26	-	-	-	-	-	-	-	-	-	4	1	5	-	-	-	4	1	5	-	-	5
Due to drugs, etc.	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	5	8	13	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-
With other disturbances of circulation	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	3	2	5	-	-	-	1	-	1	-	2	2	2	-	-	-	-	-	1	-	-	-	-	-
Senile psychoses	2	5	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	4	10	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
Psychoneuroses	7	8	15	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	3	-	1	-	1
Manic-depressive psychoses	85	112	197	-	-	1	1	2	3	4	5	9	4	1	5	10	27	37	10	27	37	10	17	27
Dementia praecox	87	77	164	-	-	2	2	4	12	9	21	18	9	27	12	16	28	24	14	38	9	4	13	
Paranoia and paranoid conditions	2	11	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	8	8	16	1	-	1	-	1	1	1	1	1	1	1	2	2	1	3	2	2	2	-	4	4
With mental deficiency	12	11	23	-	-	-	1	1	2	5	3	8	7	1	2	2	1	2	3	-	-	1	1	2
Undiagnosed psychoses	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	13	4	17	1	-	1	-	1	1	2	-	2	1	-	-	1	1	2	3	-	1	2	1	3
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	280	271	551	3	1	4	5	7	12	24	21	45	31	15	46	32	36	68	55	45	100	34	33	67

TABLE 178. *Psychoses of Court First Admissions Discharged from Hospitals for Mental Diseases, 1934, by Condition on Discharge and Sex*

PSYCHOSES	TOTAL			RECOVERED			IMPROVED			UNIMPROVED			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	39	17	56	3	3	6	34	13	47	2	1	3	—	—	—
With other forms of syphilis	3	4	7	1	—	1	2	3	5	—	—	—	—	—	—
With epidemic encephalitis	8	5	13	—	1	1	8	4	12	—	—	—	—	—	—
With other infectious diseases	4	3	7	1	1	2	3	2	5	—	—	—	—	—	—
Alcoholic psychoses	109	48	127	44	6	50	58	11	69	7	1	8	—	—	—
Due to drugs, etc.	9	8	17	5	4	9	4	4	8	—	—	—	—	—	—
Traumatic psychoses	10	—	10	2	—	2	6	—	6	2	—	2	—	—	—
With cerebral arteriosclerosis	47	55	102	5	5	10	34	36	70	8	14	22	—	—	—
With other disturbances of circulation	—	8	8	—	1	1	—	7	7	—	—	—	—	—	—
With convulsive disorders (epilepsy)	9	8	17	2	1	3	6	6	12	1	1	2	—	—	—
Senile psychoses	11	18	29	—	1	1	9	14	23	2	3	5	—	—	—
Involutional psychoses	15	24	39	4	5	9	10	19	29	1	—	1	—	—	—
Due to other metabolic diseases, etc.	9	21	30	—	8	8	8	12	20	1	1	2	—	—	—
Due to new growth	1	1	2	—	—	—	—	1	1	1	—	1	—	—	—
With organic changes of nervous system	10	6	16	—	3	3	10	2	12	—	—	—	—	—	—
Psychoneuroses	20	23	43	10	3	13	8	19	27	2	1	3	—	—	—
Manic-depressive psychoses	124	145	269	46	58	104	69	81	150	9	6	15	—	—	—
Dementia praecox	161	181	342	21	15	36	117	151	268	23	15	38	—	—	—
Paranoia and paranoid conditions	18	31	49	3	2	5	14	23	37	1	6	7	—	—	—
With psychopathic personality	13	6	19	7	1	8	5	3	8	1	2	3	—	—	—
With mental deficiency	30	37	67	11	7	18	19	25	44	—	—	5	—	—	—
Undiagnosed psychoses	1	4	5	1	1	2	—	3	3	—	—	—	—	—	—
Without psychoses	30	11	41	—	—	—	1	—	1	—	2	3	—	9	37
Primary behavior disorders	1	—	1	—	—	—	—	—	—	1	—	—	1	—	1
Total	682	634	1,316	166	126	292	425	439	864	62	60	122	29	9	38

TABLE 179. *Psychoses of Court Readmissions Discharged from Hospitals for Mental Diseases, 1934, by Condition on Discharge and Sex*

PSYCHOSES	TOTAL			RECOVERED			IMPROVED			UNIMPROVED			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	9	2	11	—	—	—	9	2	11	—	—	—	—	—	—
With other forms of syphilis	8	—	8	1	—	—	7	—	7	—	—	—	—	—	—
With epidemic encephalitis	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	23	3	26	6	1	7	14	1	15	3	1	4	—	—	—
Due to drugs, etc.	2	2	4	—	—	—	1	2	3	—	—	—	—	—	—
Traumatic psychoses	2	—	2	1	—	—	1	—	1	—	—	—	—	—	—
With cerebral arteriosclerosis	5	8	13	—	—	—	4	6	10	1	2	3	—	—	—
With other disturbances of circulation	1	2	3	1	1	2	—	1	1	1	1	2	—	—	—
With convulsive disorders (epilepsy)	3	2	5	1	—	—	1	3	4	—	—	—	—	—	—
Senile psychoses	2	10	12	—	3	3	4	6	10	—	—	—	—	—	—
Involutional psychoses	4	3	7	—	—	—	—	3	3	1	1	1	—	—	—
Due to other metabolic diseases, etc.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	4	1	5	—	—	—	3	1	4	1	—	—	—	—	—
With organic changes of nervous system	7	8	15	2	1	3	5	7	12	—	—	—	—	—	—
Psychoneuroses	85	112	197	34	37	71	45	64	109	6	11	17	—	—	—
Manic-depressive psychoses	87	77	164	6	6	12	59	56	115	22	15	37	—	—	—
Dementia praecox	2	11	13	—	1	1	1	9	10	1	1	2	—	—	—
Paranoia and paranoid conditions	8	8	16	4	4	8	3	2	5	2	2	3	—	—	—
With psychopathic personality	12	11	23	4	4	8	6	6	12	2	1	3	—	—	—
With mental deficiency	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—
Undiagnosed psychoses	13	4	17	—	—	—	—	—	—	1	1	1	12	4	16
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	280	271	551	61	58	119	166	171	337	41	38	79	12	4	16

TABLE 180. Age at Discharge of Court First Admissions Discharged from Hospitals for Mental Diseases, 1934, by Hospital and Sex

HOSPITALS	TOTAL			0-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS		
	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	55	96	151	1	-	-	4	3	7	8	4	12	2	7	9	2	12	14	4	6	10	3	8	11	5	14	19
Boston Psychopathic	19	20	39	-	-	-	3	1	4	2	4	6	-	4	4	1	2	3	-	4	4	6	4	10	-	-	-
Danvers	109	103	212	-	-	-	6	5	11	12	12	24	11	17	28	8	12	20	14	11	25	5	12	17	13	11	24
Foxborough	32	36	68	-	-	-	-	3	3	6	5	11	5	3	8	4	2	6	-	1	5	5	5	8	3	7	10
Gardner	13	17	30	-	-	-	-	1	1	3	1	4	2	2	4	2	1	3	-	1	3	3	1	1	4	2	6
Grafton	10	4	14	-	-	-	1	1	1	-	-	-	1	1	1	2	2	2	4	-	4	1	1	2	1	1	2
Medfield	25	23	48	-	-	-	1	2	3	3	3	6	2	3	5	5	3	8	2	2	4	1	3	4	3	1	4
Metropolitan.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Northampton	85	86	171	1	-	-	2	2	4	11	9	20	8	4	12	15	10	25	13	13	26	12	13	25	5	7	12
Taunton	66	58	124	-	-	-	3	3	6	5	8	13	4	3	7	8	10	18	8	5	13	5	4	9	12	6	18
Westborough.	61	57	118	-	-	-	-	1	1	9	7	16	10	3	13	5	7	12	5	2	7	7	10	17	4	5	9
Worcester	132	119	251	2	-	-	7	6	13	14	13	27	17	10	27	8	9	17	18	9	27	14	9	23	9	14	23
Monson	3	2	5	-	-	-	-	-	-	-	2	2	2	3	6	1	-	-	-	-	4	2	2	4	-	1	1
McLean	19	13	32	-	-	-	-	1	1	2	3	5	3	3	6	2	1	3	4	-	4	2	2	4	-	1	2
Bridgewater	31	-	31	-	-	-	1	-	1	4	-	4	3	-	3	4	-	4	4	-	4	5	5	-	6	-	6
Tewksbury	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veterans Adm. Facility No. 107	13	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3
Veterans Adm. Facility No. 95	8	-	8	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	3	-	3	2	-	2	1	-	1
Total	682	634	1,316	4	-	4	28	28	56	80	71	151	70	59	129	65	71	136	87	56	143	74	70	144	70	69	139

TABLE 181 — Age at Discharge of Court Readmissions Discharged from Hospitals for Mental Diseases, 1934,
by Hospital and Sex — Concluded

HOSPITALS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	2	7	9	4	5	9	1	2	3	1	4	5	—	1	1	—	—	—	—	—	—	—	—	—
Boston Psychopathic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	7	8	15	1	1	2	3	2	5	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—
Foxborough	—	2	2	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gardner	—	3	3	—	—	1	—	1	1	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
Grafton	1	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medfield	—	2	2	3	2	5	3	1	4	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
Metropolitan	2	1	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	4	3	7	6	2	8	1	1	2	3	1	4	1	1	1	1	—	—	—	—	—	—	—	—
Taunton	—	4	4	3	4	7	2	—	—	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Westborough	1	4	5	5	2	7	3	3	3	3	1	4	1	2	3	—	—	—	—	—	—	—	—	—
Worcester	5	3	8	3	4	7	1	1	2	—	—	—	—	2	2	2	2	2	1	1	—	—	—	—
Monson	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	—	2	2	2	—	2	2	2	4	2	—	2	—	—	—	—	—	—	1	—	1	—	—	—
Bridgewater	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans Adm. Facility No. 107	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Veterans Adm. Facility No. 95	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	25	40	65	30	24	54	14	14	28	12	12	24	1	8	9	2	2	4	2	1	3	—	—	—

TABLE 182. — *Psychoses and Form of Admission of All Patients Dying in Hospitals for Mental Diseases, 1934, by Sex*

PSYCHOSES	FIRST ADMISSIONS						READMISSIONS					
	TOTAL		REGULAR COMMITMENT ¹		TEMPORARY CARE		OBSERVATION		VOLUNTARY		TOTAL	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	86	33	119	81	33	114	2	—	2	—	—	—
With other forms of syphilis	13	8	21	11	8	19	1	—	1	—	—	—
With epidemic encephalitis	2	1	3	2	1	3	1	—	1	—	—	—
With other infectious diseases	5	1	6	3	1	4	1	—	1	—	—	—
Alcoholic psychoses	55	14	69	46	13	59	7	1	8	—	—	—
Due to drugs, etc.	—	1	1	—	1	1	—	—	—	—	—	—
Traumatic psychoses	8	—	8	7	—	7	1	—	1	—	—	—
With cerebral arterio-sclerosis	335	248	583	315	238	553	14	7	21	—	—	—
With other disturbances of circulation	19	11	30	16	7	23	2	2	4	—	—	—
With convulsive disorders (epilepsy)	28	17	45	19	13	32	1	—	1	—	—	—
Senile psychoses	92	155	247	86	153	239	4	1	5	—	—	—
Involutional psychoses	9	33	42	9	32	41	—	—	—	—	—	—
Due to other metabolic diseases, etc.	15	22	37	13	20	33	1	2	3	—	—	—
Due to new growth	2	8	10	2	6	8	—	—	—	—	—	—
With organic changes of nervous system	21	17	38	18	16	34	2	1	3	—	—	—
Psychoneuroses	1	1	2	1	1	2	—	—	—	—	—	—
Manic-depressive psychoses	22	25	47	21	25	46	1	—	1	—	—	—
Dementia praecox	64	66	130	60	66	126	1	—	1	—	—	—
Paranoia and paranoid conditions	5	12	17	4	12	16	—	—	—	—	—	—
With psychopathic personality	5	2	7	5	2	7	—	—	—	—	—	—
With mental deficiency	13	13	26	13	13	26	—	—	—	—	—	—
Undiagnosed psychoses	6	6	12	—	—	—	5	3	8	—	—	—
Without psychoses	36	21	57	11	7	18	3	1	4	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	842	715	1,557	743	670	1,413	46	18	64	24	10	34
							29	17	46	227	217	444
							205	210	415	6	1	7
										7	2	9
										9	4	13

¹Includes 15 Sane Dangerous cases at Monson.

TABLE 183. — *Psychoses of Court First Admissions of Patients who Died in Hospitals for Mental Diseases, 1934, by Age at Death and Sex.*

PSYCHOSES	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
With syphilitic meningo-encephalitis	81	33	114																					
With other forms of syphilis	11	8	19																					
With epidemic encephalitis	2	1	3																					
With other infectious diseases	3	1	4																					
Alcoholic psychoses	46	13	59																					
Due to drugs, etc.	—	1	1																					
Traumatic psychoses	7	—	7																					
With cerebral arteriosclerosis	315	238	553																					
With other disturbances of circulation	16	7	23																					
With convulsive disorders (epilepsy)	12	13	25																					
Senile psychoses	86	153	239																					
Involuntary psychoses	9	32	41																					
Due to other metabolic diseases, etc.	13	20	33																					
Due to new growth	2	6	8																					
With organic changes of nervous system	18	16	34																					
Psychoneuroses.	1	1	2																					
Manic-depressive psychoses	21	25	46																					
Dementia praecox	60	66	126																					
Paranoia and paranoid conditions	4	12	16																					
With psychopathic personality	5	2	7																					
With mental deficiency	13	13	26																					
Undiagnosed psychoses	—	2	2																					
Without psychoses	4	6	10																					
Primary behavior disorders	—	—	—																					
Total	729	669	1,398	1	1	2	2	4	6	6	6	12	11	8	19	16	12	28	34	26	60	28	31	59

TABLE 184. — *Psychoses of Court Readmissions of Patients who Died in Hospitals for Mental Diseases, 1934, by Age at Death and Sex.*

PSYCHOSES	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	25	3	28	-	-	-	-	-	-	-	2	2	4	2	6	4	-	6
With other forms of syphilis	1	2	3	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
With epidemic encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
Alcoholic psychoses	18	7	25	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
Due to drugs, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	13	21	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	6	9	15	-	-	-	1	1	-	-	1	1	2	2	1	1	2	-
Senile psychoses	5	3	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Involutional psychoses	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	4	2	6	-	-	-	-	-	-	1	1	-	-	1	1	1	1	-
Psychoneuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	23	37	60	-	-	-	1	1	-	-	-	-	2	1	2	1	3	4
Dementia praecox	86	102	188	-	-	-	1	1	2	1	8	5	13	4	7	11	10	21
Paranoia and paranoid conditions	-	7	7	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-
With psychopathic personality	2	1	3	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-
With mental deficiency	10	8	18	-	-	-	-	1	-	-	1	1	-	1	1	1	1	2
Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	5	-	5	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	205	210	415	-	-	-	1	1	2	-	2	2	12	7	19	20	15	35
				-	-	-	-	3	2	5	-	-	13	12	25	-	21	15
																		36

TABLE 185. — Age at Death of Court First Admissions who Died in Hospitals for Mental Diseases, 1934,
by Hospital and Sex. — Concluded

HOSPITALS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	6	4	10	9	11	20	18	17	35	28	28	56	29	13	42	21	17	38	7	17	24	3	9	12
Boston Psychopathic	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Danvers	8	7	15	5	10	15	14	21	35	13	8	21	16	17	33	11	15	26	6	14	20	3	8	11
Foxborough	3	4	7	5	4	9	6	6	12	10	5	15	7	4	11	5	8	13	3	6	9	1	3	4
Gardner	1	1	1	1	1	2	2	2	2	1	1	1	5	3	8	3	1	4	4	5	9	1	2	2
Gratton	1	1	1	1	1	1	1	1	1	2	2	2	2	1	3	1	1	2	1	1	2	2	1	3
Medfield	2	2	2	1	4	5	6	6	6	3	3	3	1	3	4	1	2	2	1	1	2	2	1	3
Metropolitan	3	7	10	3	3	6	6	11	17	10	11	21	11	9	20	12	10	22	3	8	11	3	11	14
Northampton	3	5	8	8	4	12	16	4	20	12	4	16	20	11	31	19	13	32	15	14	29	6	3	9
Taunton	5	5	10	7	5	12	9	7	16	10	6	16	7	11	18	11	8	19	4	12	16	2	3	5
Westborough	11	11	22	11	6	17	14	12	26	11	10	21	11	12	23	15	11	26	8	11	19	7	5	12
Worcester	1	1	1	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Monson	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
McLean	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Bridgewater	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Tewksbury	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Veterans Adm. Facility No. 107	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Veterans Adm. Facility No. 95	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	49	42	91	54	49	103	95	81	176	108	73	181	116	85	201	99	87	186	55	89	144	28	45	73

TABLE 186. — Age at Death of Court Readmissions who Died in Hospitals for Mental Diseases, 1934, by Hospital and Sex

HOSPITALS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	23	20	43	—	—	—	1	—	—	—	2	1	3	—	1	2	—	1
Boston Psychopathic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	14	15	29	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Foxborough	12	14	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gardner	17	10	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grafton	15	27	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medfield	34	37	71	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Metropolitan	3	7	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	10	10	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Taunton	9	12	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Westborough	14	19	33	—	—	—	1	—	—	—	3	—	3	—	—	—	—	—
Worcester	18	24	42	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—
Monson	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	1	12	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans Adm. Facility No. 107	10	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans Adm. Facility No. 95	15	—	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	205	210	415	—	—	—	3	2	5	—	2	2	12	7	19	20	15	36

TABLE 186. — Age at Death of Court Readmissions who Died in Hospitals for Mental Diseases, 1934,
by Hospital and Sex — Concluded

HOSPITALS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	1	-	1	3	1	4	4	3	7	4	5	9	5	-	5	1	3	4	-	3	3	-	-	-
Boston Psychopathic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Danvers	2	1	3	2	1	3	2	1	3	1	-	1	1	2	3	1	1	2	-	-	-	-	-	-
Foxborough	1	-	1	2	1	3	2	3	5	-	3	3	1	3	2	3	2	5	-	3	3	-	-	-
Gardner	-	1	1	5	1	6	1	3	4	1	-	1	4	1	5	1	1	1	1	1	1	-	-	-
Grafton	2	1	3	1	1	2	2	5	7	2	1	3	2	2	4	2	8	10	-	1	2	-	-	-
Medfield	5	-	5	5	4	9	3	5	8	3	10	13	7	6	13	3	4	7	3	1	1	1	1	4
Metropolitan	-	2	2	1	2	3	-	1	1	1	1	1	-	2	2	-	2	-	-	-	-	1	1	5
Northampton	-	1	1	-	-	1	1	2	4	3	2	5	2	2	4	1	1	1	2	1	3	-	2	2
Taunton	1	-	1	1	1	2	2	2	4	1	2	3	3	1	4	-	1	5	6	1	1	-	-	-
Westborough	-	1	1	2	1	3	2	2	2	2	2	4	5	3	8	2	2	1	3	1	1	2	1	1
Worcester	1	2	3	-	2	2	2	1	3	2	2	4	-	1	1	-	1	1	-	-	-	-	-	-
Monson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
McLean	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bridgewater	1	-	1	-	-	-	-	-	-	1	1	1	-	-	-	-	2	2	-	1	1	-	-	-
Tewksbury	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veterans Adm. Facility No. 107	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veterans Adm. Facility No. 95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	14	10	24	21	16	37	21	27	48	25	28	53	30	24	54	14	30	44	9	12	21	1	9	10

TABLE 187. — *Psychoses of Court First Admissions who Died in State Hospitals for Mental Diseases, 1934, by Age at Admission and Sex*

PSYCHOSES	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS							
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							
With syphilitic meningo-encephalitis	81	33	114						1	1	4	3	3	6	10	4	14	13	6	19	11	5	16	
With other forms of syphilis	11	8	19												4	2	6	1	1	2	1	1	1	
With epidemic encephalitis	2	1	3																					
With other infectious diseases	3	1	4							1	1				1	1	2	1	1	2	1	1	1	
With other infectious diseases	46	13	59											6					6	1	7	2	9	
Alcoholic psychoses																								
Due to drugs, etc.	7	1	7																					
Traumatic psychoses																								
With cerebral arteriosclerosis	315	238	553																1	1	2	1	4	5
With cerebral arteriosclerosis	16	7	23																					
With other disturbances of circulation	12	13	25							5	5		2	3				2	3	5	1	2	3	
With convulsive disorders (epilepsy)	86	153	239								1	1												
Senile psychoses	9	32	41																					
Involutional psychoses	13	20	33																					
Due to other metabolic diseases, etc.	2	6	8																					
Due to new growth	18	16	34																					
With organic changes of nervous system	1	1	2																					
Psychoneuroses	21	25	46																					
Manic-depressive psychoses	60	66	126																					
Dementia praecox	4	12	16																					
Paranoia and paranoid conditions	5	2	7																					
With psychopathic personality	13	13	26																					
With mental deficiency		2	2																					
Undiagnosed psychoses		4	6																					
Without psychoses																								
Primary behavior disorders																								
Total	729	669	1,398	3	4	7	8	5	13	18	13	31	28	23	51	44	28	72	35	44	79			

TABLE 187. — *Psychoses of Court First Admissions who Died in State Hospitals for Mental Diseases, 1934, by Age at Admission and Sex — Concluded*

PSYCHOSES	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85 YEARS AND OVER			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	11	6	17	9	4	13	14	1	15	5	2	7	2	—	2	—	—	—
With other forms of syphilis	3	2	5	—	—	—	1	4	5	1	—	1	1	—	1	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	6	2	8	8	3	11	10	1	11	1	2	3	2	1	3	—	—	—
Alcoholic psychoses	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs, etc.	1	—	1	1	—	—	1	—	1	—	—	—	2	—	2	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	9	5	14	19	13	32	51	38	89	60	43	103	77	41	118	57	41	98
With other disturbances of circulation	3	—	3	2	1	3	2	1	3	2	—	2	1	—	1	4	1	5
With convulsive disorders (epilepsy)	1	—	1	1	1	2	—	2	2	—	—	—	—	—	—	—	—	—
Senile psychoses	—	1	1	1	5	6	5	11	16	14	25	39	20	31	51	25	34	59
Involuntional psychoses	2	10	12	4	5	9	2	6	8	1	3	3	—	—	3	—	—	—
Due to other metabolic diseases, etc.	4	4	8	2	4	6	1	2	3	1	2	3	1	2	3	1	1	1
Due to new growth	—	1	1	—	1	1	1	—	1	1	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	1	3	5	1	6	2	5	7	2	—	2	—	—	—	—	—	—
Psychoneuroses	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	5	7	12	4	2	8	3	2	5	3	1	4	—	2	2	1	—	1
Paranoia and paranoid conditions	1	2	3	1	2	3	1	1	2	1	2	3	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	—	1	2	1	3	1	1	2	1	—	1	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	49	48	97	59	48	107	97	78	175	93	83	176	106	78	184	87	77	164
																41	64	105
																20	34	54

TABLE 188. — *Psychoses of Court Readmissions who Died in State Hospitals for Mental Diseases, 1934, by Age at Admission and Sex — Concluded*

PSYCHOSES	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis																								
With other forms of syphilis	1	—	1	2	1	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	1	2	3	2	1	3	4	1	5	1	1	—	1	—	1	1	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	1	—	1	1	3	4	5	2	7	1	6	7	2	3	5	1	3	4	2	2	4	—	2	2
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involuntional psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	4	3	7	4	5	9	6	9	15	3	6	9	1	2	3	—	3	3	—	1	1	—	—	—
Paranoia and paranoid conditions	5	12	17	6	8	14	1	8	9	1	2	3	—	4	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	1	2	3	1	—	1	2	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	13	22	35	17	20	37	23	23	46	12	17	29	8	11	19	3	8	11	2	5	7	—	2	2

TABLE 189. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of All Committed Patients who Died during 1934, by Sex*

NUMBER OF ADMISSIONS		TOTAL		LESS THAN 1 MONTH		1-3 MONTHS		4-7 MONTHS		8-11 MONTHS		1 YEAR		2 YEARS		3 YEARS		4 YEARS										
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.									
One	.	618	576	1,194	133	123	256	111	111	222	77	61	138	40	33	73	69	47	116	40	40	80	24	36	60	20	17	37
Two	.	198	188	386	16	13	29	20	17	37	13	13	26	11	6	17	21	21	42	10	7	17	15	15	30	9	4	13
Three	.	72	53	125	4	3	7	4	6	10	5	3	8	3	1	4	6	4	10	4	1	5	5	5	10	1	—	1
Four	.	22	28	50	1	1	2	1	3	4	1	1	2	—	3	3	2	2	4	6	1	7	1	3	4	2	2	4
Five	.	13	19	32	—	—	—	—	1	1	1	1	—	—	—	—	2	2	2	2	2	4	1	1	2	2	2	4
Six	.	4	8	12	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	2	1	1	—	—	1	1	—	—
Seven	.	2	4	6	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eight	.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nine	.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ten or more	.	4	2	6	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Total	.	934	879	1,813	154	139	293	136	139	275	97	77	174	54	43	97	100	77	177	63	52	115	46	63	109	36	25	61

NUMBER OF ADMISSIONS		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40 YEARS AND OVER												
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.									
One	.	41	56	97	19	22	41	10	11	21	13	7	20	3	1	4	4	3	7									
Two	.	30	29	59	9	11	20	11	25	36	16	6	22	2	7	9	2	2	4									
Three	.	15	11	26	9	12	21	7	3	10	2	2	2	4	1	2	4	1	1									
Four	.	2	4	6	4	5	9	—	3	3	1	2	3	1	1	1	1	2	2									
Five	.	2	3	5	3	2	5	—	2	2	1	3	4	—	—	—	—	—	—									
Six	.	1	2	3	1	2	3	—	1	1	—	—	—	—	—	—	—	—	—									
Seven	.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Eight	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Nine	.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Ten or more	.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Total	.	90	105	195	45	55	100	29	46	75	33	19	52	20	17	37	9	9	18	14	7	21	9	9	18	8	6	14

TABLE 191. — Causes of Death of All Patients who Died in Hospitals for Mental Diseases, 1934, by Psychoses and Sex — Continued

CAUSES OF DEATH	TOTAL			WITH SYPHILITIC MENINGO- ENCEPHALITIS			ALCOHOLIC PSYCHOSES			WITH CEREBRAL ARTERIO- SCLEROSIS			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLU- TIONAL PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Bones and Organs of Locomotion:</i>		2	2																		
<i>Congenital Malformations:</i>																					
<i>Senility:</i>																					
<i>Violent and Accidental Deaths:</i>																					
Suicide	8	6	14	1		1				3	3										
Accidental poisoning	6	1	7					3													
Conflagration and accidental burns	1	2	3	1		1															
Accidental traumatism	6	1	7					1	1	2	1										
Other external causes	20	14	34		1	1		3	1	4	9	13	3		3	2	1	3			
<i>Ill-defined Causes of Death:</i>																					
Total	2	10	12	1		1							1	1	1		1	1			
Total	1,069	932	2,001	113	36	149	74	21	95	351	270	621	39	29	68	98	162	260	12	35	47

<i>Diseases of the Genito-Urinary System:</i>																				
Nephritis	-	-	5	2	7	6	14	20	-	1	1	-	-	2	3	5	7	6	13	
Other diseases of the kidneys and ureters (puerperal diseases excepted)	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	1	
Diseases of the bladder (tumors excepted)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	
Diseases of the prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
<i>Diseases of Pregnancy, Child-birth and the Puerperal State:</i>																				
.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	
<i>Diseases of the Skin and Cellular Tissue:</i>																				
.	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	1	1	2	
<i>Diseases of the Bones and Organs of Locomotion:</i>																				
.	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	1	1	
<i>Congenital Malformations:</i>																				
.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<i>Senility:</i>																				
.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<i>Violent and Accidental Deaths:</i>																				
Suicide	-	1	2	-	2	2	2	-	2	-	-	-	1	1	-	-	3	1	4	
Accidental poisoning	-	-	1	-	1	1	1	2	-	-	-	-	-	1	-	1	-	-	-	
Conflagration and accidental burns	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	
Accidental traumatism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	
Other external causes	-	-	2	-	2	2	4	1	5	-	-	-	-	-	-	-	2	1	3	
<i>Ill-defined Causes of Deaths:</i>																				
.	-	-	-	2	2	2	1	6	7	-	-	-	-	-	-	-	-	-	-	
Total	1	2	47	64	111	151	168	319	6	19	25	7	3	10	24	21	45	146	102	248

TABLE 192. — *Nativity of Court Admissions, Discharges, Deaths, 1934, All Resident Population and Cases Out of Institutions on September 30, 1934: First and Readmissions, by Sex*

NATIVITY	ADMISSIONS			DISCHARGES						DEATHS		
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	—	—	—	—	—	—	—	—	—	—	—	—
Australia	1	1	2	1	—	1	—	—	—	—	—	—
Austria	11	6	17	1	2	3	—	—	—	—	—	—
Belgium	2	—	3	—	—	—	—	—	—	—	—	—
Canada ¹	146	135	281	21	39	60	—	—	—	—	—	—
Central America	—	—	—	—	—	—	—	—	—	—	—	—
China	2	—	2	—	—	—	—	—	—	—	—	—
Czechoslovakia	—	4	4	—	—	—	—	—	—	—	—	—
Cuba	1	—	1	—	—	—	—	—	—	—	—	—
Denmark	—	2	3	—	—	—	—	—	—	—	—	—
England	47	36	83	4	9	13	—	—	—	—	—	—
Finland	6	10	16	2	6	8	—	—	—	—	—	—
France	2	4	6	—	1	1	—	—	—	—	—	—
Germany	15	16	31	1	3	4	—	—	—	—	—	—
Greece	10	5	15	3	—	3	—	—	—	—	—	—
Holland	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	1	1	2	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	129	119	248	21	26	47	—	—	—	—	—	—
Italy	87	38	125	17	9	26	—	—	—	—	—	—
Japan	—	—	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	—	1	1	—	—	—	—	—	—	—	—	—
Mexico	1	—	1	—	—	—	—	—	—	—	—	—
Norway	—	—	—	—	—	—	—	—	—	—	—	—
Philippine Islands	—	4	6	—	—	—	—	—	—	—	—	—
Poland	39	32	71	7	8	15	—	—	—	—	—	—
Porto Rico	1	—	1	—	—	—	—	—	—	—	—	—
Portugal	24	14	38	4	—	4	—	—	—	—	—	—
Rumania	—	—	—	—	—	—	—	—	—	—	—	—
Russia	34	24	58	16	13	29	—	—	—	—	—	—
Scotland	15	14	29	4	1	5	—	—	—	—	—	—
South America	—	—	—	—	—	—	—	—	—	—	—	—
Spain	—	2	2	—	—	—	—	—	—	—	—	—
Sweden	24	18	42	3	4	7	—	—	—	—	—	—

TABLE 192. — *Nativity of Court Admissions, Discharges, Deaths, 1934, All Resident Population and Cases Out of Institutions on September 30, 1934: First and Readmissions, by Sex — Concluded*

NATIVITY	RESIDENT POPULATION						CASES OUT					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	—	—	—	—	—	2	—	—	—	—	—	—
Australia	2	3	5	2	2	3	—	—	—	1	1	1
Austria	55	30	85	52	41	93	2	6	8	2	2	4
Belgium	3	6	9	5	5	10	—	—	—	—	—	—
Canada 1	442	459	901	310	488	798	47	53	100	22	44	66
Central America	—	—	—	2	—	2	—	—	—	—	—	—
China	14	—	14	8	1	9	1	—	—	1	—	1
Czechoslovakia	2	5	7	—	3	3	1	—	—	1	—	1
Cuba	2	17	19	—	4	4	—	—	—	—	—	—
Denmark	9	5	14	6	6	12	1	2	3	—	—	—
England	119	154	273	90	130	220	12	24	36	6	10	16
Finland	50	36	86	29	31	60	3	5	8	3	3	6
France	10	11	21	6	16	22	1	—	1	—	—	—
Germany	50	55	105	43	47	90	5	2	7	1	3	4
Greece	46	13	59	47	14	61	3	2	5	5	—	5
Holland	1	—	1	1	—	1	2	—	2	—	—	—
Hungary	3	6	9	9	5	14	1	—	1	—	—	—
India	2	2	4	1	—	1	—	—	—	—	—	—
Ireland	367	585	952	327	620	947	29	44	73	19	42	61
Italy	281	140	421	206	127	333	31	27	58	16	15	31
Japan	2	2	4	—	—	—	—	—	—	—	—	—
Yugo-Slavia	2	1	3	1	—	1	—	—	—	1	—	1
Mexico	1	1	2	—	—	—	—	—	—	—	—	—
Norway	17	7	24	11	11	22	—	—	—	—	—	—
Philippine Islands	3	—	3	1	2	3	—	—	—	—	—	—
Poland	183	133	316	149	102	251	19	14	33	11	9	20
Porto Rico	2	—	2	—	—	—	9	7	16	3	1	4
Portugal	71	45	116	56	34	90	—	—	—	—	—	—
Rumania	3	4	7	6	6	12	17	19	36	19	15	34
Russia	178	110	288	266	208	474	7	9	16	2	2	4
Scotland	36	46	82	28	38	66	—	—	—	—	—	—
South America	3	2	5	5	3	8	—	—	—	—	—	—
Spain	5	2	7	4	1	5	11	14	25	2	5	7
Sweden	62	62	124	59	85	144	—	—	—	—	—	—
Switzerland	5	4	9	2	2	4	—	—	—	—	—	—

TABLE 193. — *Admission Age and Present Age of All First Admissions in Residence in Mental Hospitals on September 30, 1934, by Psychoses and Sex*

PSYCHOSES	TOTAL			0-19 YEARS						20-29 YEARS					
				AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	325	103	428	4	-	4	3	-	3	15	8	23	7	4	11
With other forms of syphilis	59	20	79	-	-	-	-	-	-	2	3	5	-	3	3
With epidemic encephalitis	39	22	61	10	10	20	4	7	11	9	3	12	11	5	16
With other infectious diseases	8	5	13	1	-	1	1	-	1	-	1	1	-	1	1
Alcohol, psychoses	691	87	778	-	-	-	-	-	-	30	3	33	14	-	14
Due to drugs, etc.	4	6	10	-	-	-	-	-	-	1	1	1	1	1	1
Traumatic psychoses	39	7	46	2	2	4	1	1	2	3	1	3	2	1	3
With cerebral arteriosclerosis	451	478	929	-	-	-	-	-	-	1	1	2	-	-	-
With other disturbances of circulation	10	15	25	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	315	330	645	58	58	116	14	20	34	84	95	179	66	53	119
Senile psychoses	182	327	509	-	-	-	-	-	-	-	-	-	-	-	-
Involutional psychoses	110	219	329	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	27	53	80	2	1	3	1	-	1	2	7	9	1	5	6
Due to new growth	1	2	3	-	-	-	-	-	-	-	1	1	-	-	-
With organic changes of nervous system	78	45	123	6	4	10	2	2	4	14	5	19	9	5	14
Psychoneuroses	41	42	83	1	1	2	1	1	2	6	6	12	6	5	11
Manic-depressive psychoses	352	475	827	16	16	32	9	11	20	65	74	139	53	51	104
Dementia praecox	2,445	2,329	4,774	156	109	265	35	31	66	995	582	1,577	407	255	662
Paranoia and paranoid conditions	102	242	344	-	-	-	-	-	-	4	1	5	-	-	-
With psychopathic personality	55	52	107	5	4	9	2	3	5	14	12	26	8	8	16
With mental deficiency	454	416	870	61	58	119	12	15	27	163	102	265	101	67	168
Undiagnosed psychoses	7	10	17	-	1	1	-	1	1	2	4	6	2	2	4
Without psychoses	521	465	986	343	277	620	215	172	387	81	100	181	119	96	215
Primary behavior disorders	2	3	5	1	2	3	1	2	3	-	-	-	-	-	-
Total.	6,318	5,753	12,071	666	543	1,209	301	266	567	1,490	1,009	2,499	806	562	1,368

TABLE 193. — Admission Age and Present Age of All First Admissions in Residence in Mental Hospitals on September 30, 1934,
by Psychoses and Sex — Continued

PSYCHOSES	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	104	36	140	79	25	104	111	28	139	110	29	139	68	22	90	89	26	115
With other forms of syphilis	16	5	21	11	2	13	22	8	30	23	3	26	14	4	18	16	7	23
With epidemic encephalitis	8	6	14	8	7	15	11	2	13	11	2	13	—	1	1	4	1	3
With other infectious diseases	5	1	6	3	—	3	1	3	4	2	4	6	1	—	1	2	—	3
Alcoholic psychoses	155	15	170	54	7	61	236	31	267	138	14	152	184	25	209	225	28	253
Due to drugs, etc.	—	—	—	—	—	—	2	2	4	1	1	2	1	1	2	2	1	3
Traumatic psychoses	5	2	7	3	1	4	16	2	18	8	3	11	7	—	7	14	—	11
With cerebral arteriosclerosis	—	1	1	—	1	3	6	12	18	3	3	6	75	95	170	51	61	112
With other disturbances of circulation	—	2	2	—	—	—	4	4	8	1	5	3	6	3	5	4	—	4
With convulsive disorders (epilepsy)	73	69	142	66	63	129	53	58	111	76	83	159	32	32	64	55	64	119
Senile psychoses	—	—	—	—	—	—	1	2	3	1	1	2	13	21	34	3	3	6
Involutional psychoses	2	4	6	2	2	4	22	86	108	12	45	57	53	107	160	47	108	155
Due to other metabolic diseases, etc.	5	8	13	5	8	13	5	11	16	1	5	9	7	16	23	6	17	23
Due to new growth	1	1	2	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	14	7	21	18	4	22	24	7	31	19	8	27	11	18	29	19	19	38
Psychoneuroses	16	10	26	13	9	22	10	13	23	12	9	21	5	8	13	3	10	13
Manic-depressive psychoses	65	128	193	58	97	155	80	113	193	70	118	188	76	96	172	80	101	181
Dementia praecox	779	723	1,502	624	476	1,100	372	539	911	627	617	1,241	114	292	406	474	497	971
Paranoia and paranoid conditions	18	26	44	13	14	27	39	95	134	27	57	84	26	88	114	37	77	114
With psychopathic personality	14	16	30	18	13	31	11	8	19	9	9	9	6	10	16	7	8	15
With mental deficiency	99	127	226	86	99	185	70	81	151	108	120	228	47	32	79	98	64	162
Undiagnosed psychoses	2	2	4	—	4	4	3	2	5	3	1	4	—	—	—	1	1	2
Without psychoses	32	57	89	84	104	188	37	24	61	50	54	104	24	4	28	34	29	63
Primary behavior disorders	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,413	1,247	2,660	1,147	940	2,087	1,136	1,131	2,267	1,316	1,195	2,511	767	874	1,641	1,271	1,122	2,393

TABLE 193. — Admission Age and Present Age of All First Admissions in Residence in Mental Hospitals on September 30, 1934,
by Psychoses and Sex—Concluded

PSYCHOSES	60-69 YEARS						70-79 YEARS						80 YEARS AND OVER					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	21	6	27	28	13	41	2	2	4	9	5	14	—	1	1	—	—	—
With other forms of syphilis	4	—	4	6	4	10	1	—	—	3	1	4	—	—	—	—	—	—
With epidemic encephalitis	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	76	10	86	188	25	213	10	3	13	65	11	76	—	—	—	7	2	9
Due to drugs, etc.	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	1	1
Traumatic psychoses	3	—	3	7	—	7	2	1	3	3	1	4	1	—	1	1	—	—
With cerebral arteriosclerosis	176	169	345	168	161	329	158	158	316	177	182	359	35	42	77	51	69	120
With other disturbances of circulation	2	6	8	4	8	12	1	1	2	1	2	3	—	—	—	—	—	—
With convulsive disorders (epilepsy)	13	14	27	30	32	62	2	4	6	7	12	19	—	—	—	1	3	4
Senile psychoses	65	110	175	41	69	110	67	141	208	87	164	251	36	53	89	50	90	140
Involutional psychoses	33	21	54	42	52	94	—	—	—	6	10	16	—	—	—	1	2	3
Due to other metabolic diseases, etc.	5	9	14	8	13	21	1	1	2	—	—	—	—	—	—	1	1	1
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	6	2	8	7	3	10	3	2	5	4	4	8	—	—	—	—	—	—
Psychoneuroses	3	3	6	6	7	13	—	1	1	—	1	—	—	—	—	—	—	—
Manic-depressive psychoses.	47	42	89	61	65	126	3	6	9	19	30	49	—	—	—	2	2	4
Dementia praecox	28	77	105	217	311	528	1	7	8	55	119	174	—	—	—	6	23	29
Paranoia and paranoid conditions	13	24	37	19	57	76	2	7	9	6	33	59	1	1	1	—	4	4
With psychopathic personality	3	2	5	8	8	16	2	2	4	3	3	6	—	—	—	—	—	—
With mental deficiency	13	15	28	40	41	81	1	1	2	7	8	15	—	—	—	2	2	4
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	3	2	5	16	6	22	1	1	2	3	4	7	—	—	—	1	—	—
Primary behavior disorders	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	516	515	1,031	898	878	1,776	258	336	594	456	591	1,047	72	98	170	123	199	322

TABLE 194. — Admission Age and Present Age, First Admissions Out of Mental Hospitals (Visit, etc.,) on September 30, 1934,
by Psychoses and Sex

PSYCHOSES	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS		
				AGE AT ADMISSION	PRESENT AGE	M. F. T.	AGE AT ADMISSION	PRESENT AGE	M. F. T.	AGE AT ADMISSION	PRESENT AGE	M. F. T.	AGE AT ADMISSION	PRESENT AGE	M. F. T.
	M.	F.	T.												
With syphilitic meningo-encephalitis	54	21	75	1	1	1	5	3	8	16	8	24	19	5	24
With other forms of syphilis	6	5	11	1	1	1	—	—	—	1	2	3	1	3	4
With epidemic encephalitis	8	2	10	4	1	2	3	1	4	—	—	—	1	1	2
With other infectious diseases	—	8	8	—	1	1	—	5	5	—	1	1	—	—	—
Alcoholic psychoses	110	19	129	1	1	—	6	1	7	24	7	31	39	6	45
Due to drugs, etc.	2	4	6	—	—	—	—	1	1	1	1	2	1	1	—
Traumatic psychoses	7	—	7	—	—	—	3	—	3	2	2	2	—	—	—
With cerebral arteriosclerosis	63	60	123	—	—	—	—	—	—	—	—	—	1	3	4
With other disturbances of circulation	4	5	9	—	—	—	—	—	—	—	—	—	1	3	3
With convulsive disorders (epilepsy)	45	30	75	13	5	18	16	12	28	8	6	14	6	3	10
Senile psychoses	10	22	32	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses	18	50	68	—	1	1	—	—	—	—	—	—	4	22	26
Due to other metabolic diseases, etc.	11	14	25	—	1	1	2	2	4	2	6	8	3	—	3
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	7	9	16	—	1	1	1	—	1	1	—	1	3	6	3
Psychoneuroses	17	36	53	—	3	3	5	11	16	5	10	15	2	3	6
Manic-depressive psychoses	99	149	248	9	12	21	25	25	50	14	41	55	22	39	61
Dementia praecox	205	245	450	37	39	76	84	62	146	76	65	141	18	49	67
Paranoia and paranoid conditions	18	32	50	—	—	—	1	1	2	1	—	1	3	5	8
With psychopathic personality	10	10	20	3	3	6	3	2	5	3	3	6	1	1	2
With mental deficiency	16	27	43	2	8	10	5	7	12	4	11	15	3	5	8
Undiagnosed psychoses	3	1	4	1	—	1	—	1	1	—	—	—	1	—	—
Without psychoses	43	35	78	31	19	50	6	9	15	5	2	7	1	4	4
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	756	784	1,540	103	93	196	165	143	308	159	153	312	136	166	302
				74	60	134				154	165	319	162	156	318
													141	151	292

TABLE 194. — Admission Age and Present Age, First Admissions Out of Mental Hospitals (Visit, etc.) on September 30, 1934,
by Psychoses and Sex — Concluded

PSYCHOSES	50-59 YEARS						60-69 YEARS						70-79 YEARS						80 YEARS AND OVER					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	10	5	15	11	6	17	3	—	3	3	—	3	—	—	—	1	—	1	—	—	—	—	—	—
With other forms of syphilis	3	—	3	2	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	26	3	29	29	3	32	12	2	14	12	2	14	2	—	2	2	—	2	—	—	—	1	—	1
Alcoholic psychoses	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs, etc.	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	10	21	31	9	18	27	22	17	39	22	20	42	25	19	44	25	19	44	5	—	—	—	—	—
With cerebral arteriosclerosis	2	1	3	1	3	4	1	2	3	1	—	1	2	—	2	2	—	2	—	—	—	—	—	—
With other disturbances of circulation	1	1	2	2	1	3	5	10	15	3	10	13	2	8	10	5	8	13	1	1	2	1	3	4
With convulsive disorders (epilepsy)	2	3	5	1	1	2	3	6	3	9	8	5	13	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses	8	24	32	7	28	35	7	3	4	7	1	1	1	—	—	1	1	1	—	—	—	—	—	—
Involutional psychoses	3	4	7	3	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	1	3	4	1	3	4	—	2	2	—	2	2	1	—	1	1	—	1	—	—	—	—	—	—
Psychoneuroses	2	4	6	2	3	5	—	2	2	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	19	19	38	23	23	46	10	11	21	9	14	23	—	2	2	2	2	4	1	—	1	1	1	1
Dementia praecox	2	24	26	10	35	45	3	3	3	9	9	9	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	4	10	14	3	12	15	1	4	5	2	6	8	1	—	1	1	—	1	—	—	—	—	—	—
With psychopathic personality	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	—	1	1	1	—	1	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	1	1	2	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	97	127	224	109	145	254	61	59	120	63	77	140	33	30	63	39	35	74	7	1	8	9	7	16

TABLE 195. — Admission Age and Present Age, All Readmitted Cases in Residence in Mental Hospitals on September 30, 1934,
by Psychoses and Sex

PSYCHOSES	TOTAL			0-19 YEARS				20-29 YEARS				PRESENT AGE	
	TOTAL			AGE AT ADMISSION		PRESENT AGE		AGE AT ADMISSION		PRESENT AGE		PRESENT AGE	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	F.
With syphilitic meningo-encephalitis	215	40	255	2	1	3	1	1	2	4	1	5	
With other forms of syphilis	28	13	41	—	—	—	—	—	—	1	1	2	
With epidemic encephalitis	22	9	31	2	1	3	1	1	2	7	2	9	
With other infectious diseases	4	2	6	—	—	—	—	—	—	—	—	—	
Alcoholic psychoses	451	102	553	—	—	—	—	—	—	17	4	21	
Due to drugs, etc.	—	4	10	—	—	—	—	—	—	—	1	1	
Traumatic psychoses	17	2	19	—	—	—	—	—	—	3	1	1	
With cerebral arteriosclerosis	78	84	162	—	—	—	—	—	—	—	—	—	
With other disturbances of circulation	—	4	4	—	—	—	—	—	—	—	—	—	
With convulsive disorders (epilepsy)	151	127	278	6	8	14	1	1	1	24	27	51	
Senile psychoses	29	47	76	—	—	—	—	—	—	—	—	—	
Involutional psychoses	47	89	136	—	—	—	—	—	—	—	—	—	
Due to other metabolic diseases, etc.	5	20	25	—	—	—	—	—	—	1	2	3	
Due to new growth	1	—	1	—	—	—	—	—	—	—	—	—	
With organic changes of nervous system	31	26	57	3	1	4	—	—	—	2	5	7	
Psychoneuroses	16	30	46	2	2	4	1	1	2	2	2	2	
Manic-depressive psychoses	367	602	969	5	6	11	3	2	5	36	52	88	
Dementia praecox	3,527	3,612	7,139	56	39	95	8	4	12	936	583	1,519	
Paranoia and paranoid conditions	66	127	193	—	—	—	—	—	—	174	137	311	
With psychopathic personality	41	35	74	3	3	6	2	2	4	7	10	17	
With mental deficiency	432	436	868	27	21	48	4	6	10	129	118	247	
Undiagnosed psychoses	22	26	48	—	—	—	—	—	—	4	5	9	
Without psychoses	83	51	134	14	11	25	5	4	9	28	7	35	
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	
Total	5,639	5,486	11,125	120	93	213	25	24	49	1,203	822	2,025	
										278	230	508	

TABLE 195. — *Admission Age and Present Age, All Readmitted Cases in Residence in Mental Hospitals on September 30, 1934,*
by Psychoses and Sex — Continued

PSYCHOSES	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	79	15	94	48	7	55	90	9	99	96	12	108	32	10	42	53	10	63
With other forms of syphilis	9	4	13	6	2	8	9	3	12	9	3	12	7	5	12	5	5	10
With epidemic encephalitis	9	3	12	6	1	7	3	2	5	2	2	4	—	1	1	5	3	8
With other infectious diseases	2	1	3	1	—	1	2	1	3	2	1	4	—	—	—	1	1	2
Alcoholic psychoses	93	19	112	21	2	23	133	31	164	90	16	106	144	37	181	134	36	170
Due to drugs, etc.	4	—	4	1	—	1	4	—	—	2	—	3	—	2	2	3	2	3
Traumatic psychoses	3	—	3	3	—	3	2	1	5	3	—	3	5	1	6	3	—	3
With cerebral arteriosclerosis	—	1	1	—	—	—	—	3	6	1	3	4	13	17	30	7	12	19
With other disturbances of circulation	—	1	1	—	—	—	—	3	3	—	2	2	—	—	—	—	36	65
With convulsive disorders (epilepsy).	56	38	94	39	24	63	38	34	72	43	24	67	17	15	32	29	36	1
Senile psychoses	—	2	2	—	—	—	1	1	2	1	1	2	3	3	6	2	2	3
Involutional psychoses	1	3	4	—	—	—	7	25	32	5	10	15	25	45	70	16	32	48
Due to other metabolic diseases, etc.	—	2	2	—	2	2	2	8	10	—	4	4	2	6	8	3	7	10
Due to new growth	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1
With organic changes of nervous system	8	8	16	5	7	12	11	4	15	13	5	18	7	6	13	4	6	10
Psychoneuroses	5	9	14	3	5	8	6	9	15	5	13	18	13	4	7	5	4	9
Manic-depressive psychoses	77	125	202	53	75	128	94	178	272	77	140	217	97	151	248	98	167	265
Dementia praecox	1,449	1,181	2,630	914	499	1,413	770	1,076	1,846	1,202	936	2,138	269	569	838	721	1,004	1,725
Paranoia and paranoid conditions	11	9	20	3	5	8	16	42	58	11	18	29	28	49	77	15	30	45
With psychopathic personality	15	8	23	4	5	9	9	5	14	16	9	25	5	5	10	6	2	8
With mental deficiency	123	118	241	92	86	178	97	106	203	130	128	258	41	57	98	93	84	177
Undiagnosed psychoses	3	9	12	4	7	11	4	6	10	4	7	11	6	5	11	6	5	11
Without psychoses	26	19	45	22	12	34	8	10	18	24	15	39	1	1	2	12	8	20
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,973	1,575	3,548	1,225	739	1,964	1,308	1,559	2,867	1,736	1,350	3,086	705	989	1,694	1,221	1,455	2,676

TABLE 195. — Admission Age and Present Age, All Readmitted Cases in Residence in Mental Hospitals on September 30, 1934,
by Psychoses and Sex — Concluded

PSYCHOSES	60-69 YEARS						70-79 YEARS				80 YEARS AND OVER				
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION		PRESENT AGE		AGE AT ADMISSION		PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4	2	6	12	9	21	-	-	-	1	-	1	-	-	-
With other forms of syphilis	2	1	3	7	1	8	-	-	-	-	2	2	-	-	-
With epidemic encephalitis	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
With other infectious diseases	-	8	65	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	57	8	134	32	32	166	7	3	10	65	15	80	-	5	1
Due to drugs, etc.	-	1	1	1	1	2	-	-	-	-	-	-	-	-	6
Traumatic psychoses	2	-	6	6	1	7	-	-	-	-	1	1	1	-	-
With cerebral arteriosclerosis	33	39	72	27	33	60	29	19	48	38	27	65	2	3	5
With other disturbances of circulation	-	-	-	-	-	-	-	-	-	-	-	-	-	5	9
With convulsive disorders (epilepsy)	-	-	-	-	-	-	-	-	-	-	-	-	-	5	14
Senile psychoses	10	5	15	24	24	48	-	-	-	8	11	19	-	-	1
Involuntary psychoses	11	23	34	8	12	20	13	12	25	14	21	35	1	6	7
Due to other metabolic diseases, etc.	14	13	27	23	28	51	-	3	3	3	12	15	7	4	12
Due to new growth	-	2	2	-	-	6	-	-	-	1	-	1	-	-	16
Due to organic changes of nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Psychoneuroses	-	2	2	5	3	8	-	-	-	-	1	1	1	-	-
Manic-depressive psychoses	-	3	3	-	3	3	-	1	1	-	1	3	4	-	-
Dementia praecox	53	72	125	74	125	199	4	17	21	41	60	101	1	1	2
Paranoia and paranoid conditions	44	149	193	366	698	1,064	3	15	18	128	292	420	1	2	5
With psychopathic personality	9	24	33	23	50	73	2	2	4	12	20	32	-	2	4
With mental deficiency	2	2	4	6	3	9	-	-	-	12	3	5	-	2	4
Undiagnosed psychoses	11	16	27	50	65	115	4	-	4	18	20	38	-	3	4
Without psychoses	5	1	6	4	2	6	-	-	-	1	-	1	-	-	7
Primary behavior disorders	6	1	7	10	5	15	-	2	2	-	-	-	-	1	3
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Total	264	364	628	781	1,102	1,883	62	74	136	334	489	823	4	10	14
														39	97
															136

TABLE 196 — Admission Age and Present Age, Readmissions Out of Mental Hospitals (Visits, etc.), on September 30, 1934,
by Psychoses and Sex

PSYCHOSES	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS										
	M. F. T.			AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE								
				M. F.	T.		M. F.	T.		M. F.	T.		M. F.	T.		M. F.	T.						
With syphilitic meningo-encephalitis	20	4	24	-	-	-	2	-	2	1	-	1	7	1	8	5	-	3	1	4	6	2	8
With other forms of syphilis	2	2	4	-	-	-	1	-	1	1	-	1	1	-	1	1	1	-	1	1	-	1	1
With epidemic encephalitis	1	3	4	-	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1
With other infectious diseases	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Alcoholic psychoses	41	11	52	-	-	-	-	-	-	-	-	-	7	3	10	3	2	5	12	3	15	12	2
Due to drugs, etc.	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Traumatic psychoses	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
With cerebral arteriosclerosis	10	12	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
With other disturbances of circulation	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epil.)	6	7	13	-	1	1	2	-	2	-	-	-	1	4	5	3	2	5	1	-	-	-	-
Senile psychoses	3	8	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-
Involutional psychoses	1	9	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Due to other metabolic diseases etc.	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	5	7	12	2	-	1	1	1	2	2	-	2	-	2	2	-	2	2	-	2	2	-	2
Psychoneuroses	9	14	23	-	1	1	1	4	5	5	2	7	5	2	7	5	2	7	2	7	9	1	7
Manic-depressive psychoses	93	156	249	1	4	5	15	27	42	12	25	37	15	40	55	12	33	45	30	28	58	32	31
Dementia praecox	156	180	336	4	4	8	2	2	4	37	28	65	25	20	45	55	26	81	36	50	86	54	36
Paranoia and paranoid conditions	7	21	28	-	-	-	-	1	1	2	1	-	1	1	2	1	2	3	2	7	9	1	1
With psychopathic personality	7	6	13	-	1	1	1	1	5	3	2	5	3	1	4	4	1	5	1	3	4	1	1
With mental deficiency	19	25	44	-	2	2	1	9	5	14	5	2	7	11	18	9	7	16	1	3	4	2	6
Undiagnosed psychoses	3	9	12	1	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1	-
Without psychoses	4	11	15	-	1	-	2	3	5	-	2	1	3	3	-	-	1	1	1	-	-	1	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	390	493	883	9	14	23	76	71	147	53	55	108	119	123	242	100	81	181	90	107	197	111	97
				5	8	13																	208

TABLE 197. — Age at Admission of All First Admissions in the Resident Population of State Hospitals September 30, 1934,
by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State .	578	829	1,407	39	28	67	149	117	266	102	148	250	88	182	270	81	156	237	70	100	170	44	78	122	5	20	25
Boston Psycho- pathic .	28	33	61	5	9	14	2	6	8	9	6	15	5	4	9	4	7	11	2	1	3	1	—	1	—	—	—
Danvers .	724	788	1,512	44	34	78	180	143	323	150	196	346	130	166	296	111	135	246	66	60	126	31	44	75	12	10	22
Foxborough .	339	376	715	9	29	38	79	80	159	80	94	174	67	60	127	54	47	101	33	39	72	14	21	35	3	6	9
Gardner .	124	103	227	5	2	7	28	14	42	18	26	44	29	26	55	21	16	37	14	8	22	7	8	15	2	3	5
Grafton .	101	70	171	4	6	10	23	14	37	18	13	31	24	11	35	19	10	29	6	11	17	6	5	11	1	—	1
Medfield .	181	202	383	7	9	16	36	27	63	36	74	110	40	43	83	24	25	49	21	10	31	11	10	21	6	4	10
Metropolitan .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton .	671	702	1,373	43	27	70	145	118	263	139	159	298	127	152	279	100	121	221	75	72	147	27	39	66	15	14	29
Taunton .	587	571	1,158	30	19	49	128	86	214	131	115	246	102	127	229	88	99	187	62	69	131	36	43	79	10	13	23
Westborough .	479	540	1,019	29	19	48	101	75	176	98	109	207	85	105	190	77	109	186	49	71	120	36	39	75	4	13	17
Worcester .	735	659	1,394	41	29	70	168	111	279	157	162	319	169	160	329	84	100	184	62	47	109	35	37	72	9	13	22
Monson .	645	670	1,315	381	320	701	122	166	288	56	97	153	43	53	96	26	23	49	14	7	21	3	4	7	—	—	—
McLean .	46	68	114	1	—	1	8	13	21	11	12	23	5	11	16	3	15	18	12	11	23	2	4	6	4	2	6
Bridgewater .	727	—	727	26	—	26	263	—	263	233	—	233	129	—	129	55	—	55	18	—	18	2	—	2	1	—	1
Tewksbury .	65	142	207	2	12	14	9	39	48	16	36	52	17	31	48	10	11	21	8	9	17	3	4	7	—	—	—
Vet. Adm. Fac.	195	—	195	—	—	—	32	—	32	101	—	101	52	—	52	6	—	6	4	—	4	—	—	—	—	—	—
No. 107 .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vet. Adm. Fac. No. 95 .	103	—	103	—	—	—	17	—	17	58	—	58	24	—	24	4	—	4	—	—	—	—	—	—	—	—	—
Total .	6,318	5,753	12,071	666	543	1,209	1,490	1,009	2,499	1,413	1,247	2,660	1,136	1,131	2,267	767	874	1,641	516	515	1,031	258	336	594	72	98	170

TABLE 197. — *Present Age of All First Admissions in Residence in Hospitals for Mental Diseases, on September 30, 1934, by Hospital and Sex*

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	578	829	1,407	12	6	18	88	55	143	94	110	204	104	168	272	102	187	289	104	157	261	66	109	175	8	37	45
Boston Psychopathic	28	33	61	5	9	14	2	6	8	9	6	15	5	4	9	4	7	11	2	1	3	1	—	1	—	—	
Danvers	724	788	1,512	13	13	26	103	65	168	135	128	263	164	194	358	132	162	294	110	116	226	52	79	131	15	31	46
Foxborough	339	376	715	—	12	12	45	53	98	79	75	154	63	78	141	80	71	151	47	44	91	19	32	51	6	11	17
Gardner	124	103	227	3	2	5	21	7	28	16	19	35	20	29	49	35	21	56	14	10	24	11	10	21	4	5	9
Grafton	101	70	171	1	1	2	10	10	20	14	13	27	28	12	40	29	13	42	9	12	21	9	8	17	1	1	2
Medfield	181	202	383	3	5	8	21	17	38	36	49	85	30	59	89	40	29	69	30	23	53	13	15	28	8	5	13
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	671	702	1,373	7	6	13	85	77	162	114	115	229	142	130	272	150	152	302	111	119	230	42	77	119	20	26	46
Taunton	587	571	1,158	8	8	16	59	44	103	82	77	159	121	110	231	133	111	244	102	110	212	62	83	145	20	28	48
Westborough	479	540	1,019	10	10	20	61	42	103	77	65	142	78	109	187	115	111	226	70	104	174	58	77	135	10	22	32
Worcester	725	659	1,384	10	11	21	94	41	135	101	112	213	158	155	313	156	132	288	121	114	235	67	71	138	18	23	41
Monson	645	670	1,315	225	183	408	158	131	289	113	144	257	67	103	170	46	73	119	28	26	54	7	8	15	1	2	3
McLean	46	68	114	1	—	1	3	7	10	5	9	14	6	9	15	9	15	24	10	17	27	6	8	14	6	3	9
Bridgewater	727	—	727	3	—	3	51	—	51	130	—	130	180	—	180	199	—	199	123	—	123	35	—	35	6	—	6
Tewksbury	65	142	207	—	—	—	2	7	9	4	18	22	12	35	47	26	38	64	13	25	38	8	14	22	—	—	5
Vet. Adm. Fac.	195	—	195	—	—	—	2	—	2	85	—	85	94	—	94	10	—	10	4	—	4	—	—	—	—	—	—
No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vet. Adm. Fac.	103	—	103	—	—	—	1	—	1	53	—	53	44	—	44	5	—	5	—	—	—	—	—	—	—	—	—
No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	6,318	5,753	12,071	301	266	567	806	562	1,368	1,147	940	2,087	1,316	1,195	2,511	1,271	1,122	2,393	898	878	1,776	456	591	1,047	123	199	322

TABLE 200. — *Present Age of All Readmissions in Residence in Hospitals for Mental Diseases on September 30, 1934, by Hospital and Sex*

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	355	536	891	5	3	8	32	26	58	61	78	139	87	126	213	88	142	230	63	108	171	19	44	63	-	9	9
Boston Psychopathic	9	14	23	-	-	-	-	1	1	-	2	2	2	3	5	2	3	5	1	-	1	-	-	-	-	-	-
Danvers	298	384	682	1	2	3	32	28	60	53	70	123	69	92	161	71	91	162	50	66	116	19	27	46	2	8	10
Foxborough	197	257	454	1	2	3	14	13	27	30	46	76	61	64	125	50	68	118	23	41	64	16	17	33	2	6	8
Grafton	653	444	1,097	-	-	-	18	15	33	85	57	142	205	137	342	200	143	343	112	74	186	30	17	47	3	1	4
Grafton	549	695	1,244	1	2	3	14	14	28	59	77	136	149	149	298	144	165	309	120	175	295	56	98	154	6	15	21
Medfield	559	824	1,383	3	-	3	18	19	37	61	83	144	129	175	304	154	198	352	124	220	344	62	114	176	8	15	23
Metropolitan	640	649	1,289	4	-	4	48	34	82	158	103	261	172	202	374	186	219	405	66	85	151	6	6	12	-	-	-
Northampton	182	252	434	2	-	2	11	12	23	27	37	64	48	68	116	41	68	109	32	49	81	20	13	33	1	5	6
Taunton	192	205	397	2	1	3	13	9	22	28	30	58	44	54	98	51	48	99	32	31	63	20	24	44	2	8	10
Westborough	185	319	504	-	4	4	21	15	36	38	35	73	36	71	107	37	84	121	35	66	101	15	36	51	3	8	11
Worcester	377	462	839	-	5	5	30	25	55	64	75	139	94	119	213	91	108	199	48	80	128	45	36	81	5	14	19
Monson	68	70	138	4	5	9	6	9	15	13	16	29	20	13	33	14	16	30	11	8	19	-	-	2	-	1	1
McLean	27	51	78	-	-	-	1	3	4	3	7	10	5	15	20	2	10	12	9	5	14	6	9	15	1	2	3
Bridgewater	184	-	184	1	-	1	16	-	16	29	-	29	43	-	43	40	-	40	33	-	33	17	-	17	5	-	5
Vet. Admin. F&C. No. 107	41	329	370	-	-	-	1	7	8	5	23	28	10	62	72	9	92	101	12	94	106	3	46	49	1	5	6
Vet. Admin. Fac. No. 95	628	-	628	-	-	-	2	-	2	273	-	273	326	-	326	20	-	20	7	-	7	-	-	-	-	-	-
Total	5,639	5,486	11,125	25	24	49	278	230	508	1,225	739	1,964	1,736	1,350	3,086	1,221	1,455	2,676	781	1,102	1,883	334	489	823	39	97	136

TABLE 201. — Age at Admission of ALL FIRST ADMISSIONS Out on Visit, etc., in the Resident Population of State Hospitals on September 30, 1934, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Boston State.	75	81	156	8	3	11	13	17	30	11	20	31	14	19	33	11	10	21	9	10	19	6	2	8	3	-	3
Boston Psychopathic.	35	19	54	2	1	3	7	9	16	12	3	15	7	3	10	6	3	9	1	-	1	-	-	-	-	-	-
Danvers.	107	95	202	16	11	27	18	14	32	20	19	39	26	24	50	11	12	23	8	10	18	6	5	11	2	-	2
Foxborough.	43	54	97	2	8	10	11	10	21	9	10	19	13	12	25	5	9	14	3	1	4	-	4	4	-	-	-
Gardner.	23	30	53	3	1	4	2	2	4	5	3	8	6	8	14	6	7	13	1	6	7	-	3	3	-	-	-
Grafton.	10	2	12	2	2	4	1	1	2	2	2	2	1	1	2	-	-	-	4	4	4	-	-	-	-	-	-
Medfield.	22	33	55	2	2	4	-	9	9	6	9	15	3	2	5	4	6	10	3	4	7	3	1	4	1	-	1
Metropolitan.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Northampton.	95	102	197	8	11	19	37	12	49	18	29	47	17	23	40	9	23	32	4	2	6	2	2	4	-	-	-
Taunton.	55	77	132	4	7	11	12	12	24	14	21	35	7	21	28	8	10	18	7	4	11	3	2	5	-	-	-
Westborough.	68	84	152	8	10	18	16	14	30	12	17	29	10	17	27	10	17	27	8	5	13	4	3	7	1	1	1
Worcester.	123	147	270	8	15	23	22	25	47	24	29	53	24	31	55	25	27	52	11	15	26	8	5	13	1	-	1
Monson.	67	45	112	39	23	62	18	13	31	4	5	9	3	3	6	2	1	3	1	1	1	-	-	-	-	-	-
McLean.	9	14	23	1	-	1	3	5	8	2	2	2	1	2	3	3	2	2	1	2	3	1	3	4	-	-	-
Bridgewater.	3	3	6	1	-	1	1	1	1	1	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Tewksbury.	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veterans Adm. Fac. No. 107.	11	-	11	-	-	-	2	-	2	8	-	8	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Veterans Adm. Fac. No. 95.	10	-	10	-	-	-	2	-	2	6	-	6	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-
Total	756	784	1,540	103	93	196	165	143	308	154	165	319	136	166	302	97	127	224	61	59	120	33	30	63	7	1	8

TABLE 203. — *Present Age of ALL FIRST ADMISSIONS Out of Mental Hospitals (Visits, etc.,) on September 30, 1934,*
by Hospital and Sex

HOSPITALS		TOTAL		0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER			
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
	Boston State.	75	81	156	5	—	5	14	19	33	13	18	31	12	17	29	12	10	22	10	14	24	5	3	8	4	—	4
	Boston Psychopathic.	35	19	54	2	1	3	6	9	15	13	3	16	7	3	10	6	3	9	—	—	—	—	—	—	—	—	—
	Danvers.	107	95	202	10	8	18	21	15	36	21	16	37	24	25	49	15	13	28	8	13	21	6	5	11	2	—	2
	Foxborough.	43	54	97	2	5	7	9	12	21	8	11	19	12	8	20	7	4	5	4	2	6	1	4	5	—	—	—
	Gardner.	23	30	53	2	1	3	3	1	4	4	3	7	7	4	11	4	8	12	2	7	9	1	5	6	—	1	1
	Grafton.	10	2	12	1	—	1	2	—	2	2	2	1	3	—	1	—	1	1	3	3	—	3	1	5	—	—	—
	Medfield.	22	33	55	2	2	4	—	9	9	2	5	9	3	2	5	5	5	10	2	3	5	4	3	7	1	—	1
	Metropolitan.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Northampton.	95	102	197	4	7	11	34	12	46	22	25	47	16	24	40	13	29	42	3	3	6	2	1	3	1	1	2
	Taunton.	55	77	132	4	5	9	11	13	24	15	19	34	6	21	27	8	12	20	2	8	4	12	3	2	5	—	1
	Westborough.	68	84	152	6	5	11	14	16	30	12	17	29	11	17	28	12	17	29	8	6	14	5	3	8	—	3	3
	Worcester.	123	147	270	8	8	16	17	27	44	25	26	51	26	26	52	24	31	55	13	22	35	9	6	15	1	1	2
	Monson.	67	45	112	28	18	46	25	15	40	8	8	16	3	2	5	2	1	3	1	1	2	2	2	3	—	—	—
	McLean.	9	14	23	—	—	—	2	4	6	3	—	3	1	2	3	1	3	4	—	—	—	—	—	—	—	—	—
	McLean.	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Bridgewater.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tewksbury.	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Veterans Adm. Fac. No. 107	11	—	11	—	—	—	—	—	—	5	—	5	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—
	Veterans Adm. Fac. No. 95	10	—	10	—	—	—	1	—	—	6	—	6	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
	Total	756	784	1,540	74	60	134	159	153	312	162	156	318	141	151	292	109	145	254	63	77	140	39	35	74	9	7	16

TABLE 204. — Present Age of ALL READMISSIONS Out of Mental Hospitals (Visits, etc.) on September 30, 1934, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	30	45	75	2	2	4	5	9	14	3	9	12	4	9	13	7	10	17	7	4	11	2	2	4	—	—	—
Boston Psychopathic	1	2	3	—	1	1	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	42	59	101	—	9	9	—	9	18	11	10	21	—	7	23	7	13	20	5	7	12	3	1	4	—	2	2
Foxborough	16	8	24	—	4	—	—	4	—	4	3	7	—	3	4	2	—	2	1	1	2	2	—	2	—	—	—
Gardner	37	100	137	—	5	1	—	5	6	8	2	10	—	14	13	7	35	42	2	34	36	1	11	12	—	4	4
Grafton	4	17	21	—	1	2	—	1	3	1	1	2	—	1	3	—	6	6	1	2	3	—	2	1	—	1	1
Medfield	7	17	24	—	1	1	—	—	—	5	5	10	—	1	6	—	2	2	—	3	3	1	—	1	—	—	—
Metropolitan	10	24	34	1	—	—	—	—	—	3	8	11	—	4	5	—	5	7	—	2	2	—	—	—	—	—	—
Northampton	28	38	66	1	1	1	5	6	11	3	4	9	—	7	9	10	11	21	1	3	4	—	3	3	—	1	1
Taunton	29	23	52	1	—	1	8	1	9	4	5	9	—	7	4	4	5	9	3	5	8	2	2	4	—	1	1
Westborough	42	46	88	1	5	7	12	12	19	9	10	19	—	11	9	5	13	18	8	4	12	3	3	6	—	1	1
Worcester	61	102	163	11	12	23	11	12	23	11	20	31	3	14	17	31	18	16	34	3	21	24	3	11	14	1	2
Monson	2	3	5	—	—	—	—	1	1	1	1	2	—	—	—	1	1	2	—	2	2	—	—	—	—	—	—
McLean	5	9	14	—	—	—	—	2	2	—	3	3	—	3	2	—	—	—	2	2	4	—	—	—	—	—	—
Bridgewater	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Tewksbury	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans Adm. Facility	32	—	32	—	—	—	—	—	—	13	—	13	—	15	—	4	—	—	—	—	—	—	—	—	—	—	—
Veterans Adm. Facility No. 95	40	—	40	—	—	—	—	—	—	21	—	21	—	17	—	2	—	2	—	—	—	—	—	—	—	—	—
Total	390	493	883	5	8	13	53	55	108	100	81	181	111	97	208	70	118	188	33	88	121	17	35	52	1	11	12

TABLE 205. — *Psychoses and Net Time in Institution during THIS Admission, First and Readmissions in Residence in Mental Hospitals, September 30, 1934, by Sex*

PSYCHOSES	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	540	143	683	44	12	56	38	9	47	56	17	73	85	21	106	61	13	74	49	9	58
With other forms of syphilis	87	33	120	6	3	9	6	5	11	5	2	7	13	1	14	13	—	—	10	—	10
With epidemic encephalitis	61	31	92	2	1	3	4	1	5	4	1	5	5	5	10	6	4	10	8	3	11
With other infectious diseases	12	7	19	2	1	3	1	1	2	1	2	3	1	—	1	—	—	—	—	—	—
Alcoholic psychoses	1,142	189	1,331	67	10	77	39	6	45	60	6	66	84	10	94	102	14	116	123	14	137
Due to drugs, etc.	10	10	20	2	2	4	1	1	2	1	—	1	1	1	2	—	—	—	1	1	2
Traumatic psychoses	56	9	65	6	2	8	2	1	3	1	—	1	6	—	6	6	—	7	6	—	6
With cerebral arteriosclerosis	529	562	1,091	85	64	149	51	51	102	78	72	150	99	112	211	54	65	119	50	57	107
With other disturbances of circulation	10	19	29	3	3	6	—	1	1	1	2	3	1	3	4	—	1	1	3	—	3
With convulsive disorders (epilepsy)	466	457	923	23	10	33	15	6	21	12	18	30	40	19	59	28	25	53	30	28	58
Senile psychoses	211	374	585	23	33	56	23	28	51	19	35	54	31	60	91	22	35	57	23	36	59
Involuntary psychoses	157	308	465	11	27	38	9	24	33	20	19	39	18	29	47	23	28	51	28	31	59
Due to other metabolic diseases, etc.	32	73	105	7	5	12	—	10	10	2	7	9	7	18	25	—	—	7	3	6	9
Due to new growth	2	2	4	—	1	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
With organic changes of nervous system	109	71	180	5	5	10	12	4	16	11	4	15	13	16	29	10	8	18	10	8	18
Psychoneuroses	57	72	129	6	10	16	10	5	15	9	7	16	5	6	11	5	8	13	4	7	11
Manic-depressive psychoses	719	1,077	1,796	68	99	167	49	65	114	57	56	113	86	108	194	76	115	191	80	103	183
Dementia praecox	5,972	5,941	11,913	139	129	268	115	171	286	201	185	386	379	388	767	391	534	925	704	442	1,146
Paranoia and paranoid conditions	168	369	537	11	17	28	6	13	19	6	14	20	18	32	50	28	31	59	19	46	65
With psychopathic personality	96	85	181	7	9	16	8	3	11	9	5	14	10	9	19	2	4	6	10	6	16
With mental deficiency	886	852	1,738	15	24	39	23	46	71	31	36	67	51	59	110	65	69	134	135	120	255
Undiagnosed psychoses	29	36	65	—	18	14	—	7	7	5	—	5	—	4	4	1	4	5	—	1	1
Without psychoses	604	516	1,120	52	37	89	29	21	50	24	23	47	53	35	88	49	43	92	49	34	83
Primary behavior disorders	2	3	5	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	11,957	11,239	23,196	604	521	1,125	441	456	897	613	511	1,124	1,006	936	1,942	943	1,009	1,952	1,345	952	2,297

TABLE 205. — *Psychoses and Net Time in Institution during THIS Admission, First and Readmissions in Residence in Mental Hospitals, September 30, 1934, by Sex — Concluded*

PSYCHOSES	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	42	10	52	130	28	158	20	11	31	9	8	17	6	4	10	—	1	1	—	—	—
With other forms of syphilis	9	4	13	17	7	24	6	4	10	2	2	4	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	7	5	12	19	10	29	4	1	5	1	—	—	1	—	—	—	—	—	—	—	—
With other infectious diseases	2	—	2	3	2	5	—	1	1	1	—	—	1	—	—	—	—	—	—	—	—
Alcoholic psychoses	62	9	71	206	33	239	122	23	145	105	33	138	144	26	170	25	4	29	3	1	4
Due to drugs, etc.	—	—	—	—	1	2	3	—	—	—	2	2	2	1	3	—	—	—	—	—	—
Traumatic psychoses	7	—	7	8	3	11	1	—	—	—	4	1	1	—	—	1	—	—	—	—	—
With cerebral arteriosclerosis	28	33	61	63	81	144	17	14	31	4	4	6	10	7	7	—	—	—	—	—	—
With other disturbances of circulation	—	1	1	1	4	5	—	2	2	—	—	—	1	1	2	—	—	—	—	—	—
With convulsive disorders (epilepsy)	27	27	54	124	118	242	79	67	146	47	84	131	37	48	85	3	7	10	1	—	1
Senile psychoses	18	21	39	33	82	115	12	28	40	5	7	12	2	9	11	—	—	—	—	—	—
Involutional psychoses	12	22	34	24	64	88	7	35	42	2	16	18	3	12	15	—	1	1	—	—	—
Due to other metabolic diseases	3	2	5	6	9	15	2	6	8	1	3	4	—	—	—	1	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	9	4	13	28	13	41	7	3	10	3	4	7	1	1	2	—	1	1	—	—	—
Psychoneuroses	4	2	6	11	21	32	3	3	6	—	—	2	2	—	—	—	—	—	—	—	—
Manic-depressive psychoses	48	66	114	123	219	342	67	108	175	28	63	91	27	58	85	7	15	22	3	2	5
Dementia praecox	337	252	589	1,063	1,162	2,225	992	937	1,929	574	733	1,307	771	720	1,491	272	259	531	34	29	63
Paranoia and paranoid conditions	8	23	31	32	85	117	20	50	70	9	22	31	7	30	37	3	6	9	1	—	1
With psychopathic personality	6	7	13	20	19	39	15	14	29	4	5	9	4	8	1	1	—	—	—	—	—
With mental deficiency	49	56	105	178	167	345	125	114	239	92	101	193	84	60	144	33	21	54	5	2	7
Undiagnosed psychoses	1	—	1	3	5	8	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
Without psychoses	43	35	78	120	115	235	91	72	163	33	35	68	48	56	104	13	8	21	—	2	2
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	722	579	1,301	2,213	2,249	4,462	1,599	1,494	3,093	925	1,130	2,055	1,140	1,043	2,183	359	323	682	47	36	83

TABLE 206. — *Psychoses and Net Time in Institution during This Admission, ALL FIRST ADMISSIONS in Residence in Mental Hospitals, September 30, 1934, by Sex*

PSYCHOSES	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	325	103	428	34	11	45	31	6	37	40	10	50	53	18	71	26	11	37	23	5	28
With other forms of syphilis	59	20	79	3	2	5	6	2	8	4	2	6	7	1	8	9	1	9	6	—	6
With epidemic encephalitis	39	22	61	2	—	2	1	1	2	3	1	4	2	5	7	4	1	5	6	2	8
With other infectious diseases	8	5	13	2	1	3	—	1	1	1	2	3	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	691	87	778	51	9	60	33	2	35	48	4	52	62	7	69	51	10	61	51	1	52
Due to drugs, etc.	4	6	10	2	2	4	—	—	—	1	—	1	—	1	1	—	—	—	—	—	—
Traumatic psychoses	39	7	46	6	2	8	2	1	3	1	—	1	5	—	5	4	1	5	1	—	1
With cerebral arteriosclerosis	451	478	929	77	58	135	42	39	81	68	63	131	88	102	190	46	55	101	38	43	81
With other disturbances of circulation	10	15	25	3	3	6	—	—	1	1	1	2	1	3	4	—	—	—	3	—	—
With convulsive disorders (epilepsy)	315	330	645	17	10	27	12	5	17	8	15	23	29	16	45	17	24	41	24	22	46
Senile psychoses	182	327	509	20	31	51	19	26	45	14	30	44	30	55	85	21	28	49	17	34	51
Involuntary psychoses	110	219	329	10	23	33	5	18	23	15	17	32	11	17	28	16	20	36	17	25	42
Due to other metabolic diseases, etc.	27	53	80	7	5	12	—	7	7	2	5	7	7	15	22	—	7	7	1	3	4
Due to new growth	1	3	4	—	1	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
With organic changes of nervous system	78	45	123	4	4	8	10	3	13	10	3	13	10	10	20	5	5	10	5	2	7
Psychoneuroses	41	42	83	5	6	11	8	3	11	8	3	11	4	4	8	2	5	7	3	5	8
Manic-depressive psychoses	352	475	827	40	52	92	29	37	66	35	23	58	41	56	97	41	53	94	36	39	75
Dementia praecox	2,445	2,329	4,774	71	82	153	74	65	139	109	90	199	182	188	370	153	151	304	150	149	290
Paranoia and paranoid conditions	102	242	344	9	15	24	4	7	11	5	11	16	15	25	40	13	22	35	7	17	24
With psychopathic personality	55	52	107	4	4	8	5	2	7	7	3	10	8	5	13	1	2	3	4	4	8
With mental deficiency	454	416	870	12	16	28	18	10	28	25	21	46	39	36	75	28	31	59	37	46	83
Undiagnosed psychoses	7	10	17	1	2	3	—	—	—	4	—	4	—	2	2	—	2	2	—	—	—
Without psychoses	521	465	986	47	35	82	20	17	37	21	23	44	50	35	85	46	41	87	43	33	76
Primary behavior disorders	2	3	5	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	6,318	5,753	12,071	429	377	806	319	253	572	430	327	757	644	601	1,245	484	469	953	472	430	902

TABLE 207.—*Psychoses and Net Time in Institutions during THIS Admission, All Readmitted Cases in Residence in Mental Hospitals, September 30, 1934, by Sex*

PSYCHOSES	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	215	40	255	10	1	11	7	3	10	16	7	23	32	3	35	35	2	37	26	4	30
With other forms of syphilis	28	13	41	3	1	4	—	3	3	1	—	1	6	—	6	4	—	4	4	—	4
With epidemic encephalitis	22	9	31	—	1	1	—	—	—	1	—	1	3	—	3	2	3	5	2	1	3
With other infectious diseases	4	2	6	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	451	102	553	16	1	17	6	4	10	12	2	14	22	3	25	51	4	55	72	13	85
Due to drugs, etc.	6	4	10	—	—	—	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—
Traumatic psychoses	17	2	19	—	—	—	—	—	—	—	—	—	1	—	1	2	—	2	5	—	5
With cerebral arteriosclerosis	78	84	162	8	6	14	9	12	21	10	9	19	11	10	21	8	10	18	12	14	26
With other disturbances of circulation	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	151	127	278	6	—	6	3	1	4	4	3	7	11	3	14	11	1	12	6	6	12
Senile psychoses	29	47	76	3	2	5	4	2	6	5	5	10	1	5	6	1	7	8	6	2	8
Involitional psychoses	47	89	136	1	4	5	4	6	10	5	2	7	7	12	19	7	8	15	11	6	17
Due to other metabolic diseases, etc.	5	20	25	—	—	—	—	—	3	—	2	2	—	3	3	—	—	—	2	3	5
Due to new growth	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	31	26	57	1	1	2	2	1	3	1	1	2	3	6	9	5	3	8	5	6	11
Psychoneuroses	16	30	46	1	4	5	2	2	4	1	4	5	3	—	3	3	3	—	1	2	3
Manic-depressive psychoses	367	602	969	28	47	75	20	28	48	22	33	55	45	52	97	35	62	97	44	64	108
Dementia praecox	3,527	3,612	7,139	68	47	115	41	106	147	92	95	187	197	200	397	238	383	621	554	293	847
Paranoia and paranoid conditions	66	127	193	2	2	4	2	6	8	1	3	4	3	7	10	15	9	24	12	29	41
With psychopathic personality	41	33	74	3	5	8	3	1	4	2	2	2	2	4	6	1	2	3	6	2	8
With mental deficiency	432	436	868	3	8	11	5	13	18	6	15	21	12	23	35	37	38	75	98	74	172
Undiagnosed psychoses	22	26	48	17	12	29	—	7	7	1	—	1	—	2	2	1	2	3	—	1	1
Without psychoses	83	51	134	5	2	7	9	4	13	3	—	3	3	—	3	3	2	5	6	1	7
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	5,639	5,486	11,125	175	144	319	122	203	325	183	184	367	362	335	697	459	540	999	873	522	1,395

TABLE 203. — *Psychoses and Net Time in Institutions during PREVIOUS Admissions, All Readmitted Cases in Residence in Mental Hospitals, September 30, 1934, by Sex*

PSYCHOSES	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	215	40	255	39	9	48	63	8	71	38	4	42	29	9	38	19	2	21	8	2	10
With syphilitic meningo-encephalitis	28	13	41	2	3	5	7	2	9	4	3	7	5	—	5	4	—	4	1	—	1
With other forms of syphilis	22	9	31	6	2	8	2	4	6	3	—	3	4	1	5	1	—	1	1	—	1
With epidemic encephalitis	4	2	6	1	2	3	—	—	—	1	—	1	1	—	1	—	—	—	—	—	—
With other infectious diseases	451	102	553	61	9	70	46	5	51	56	13	69	67	13	80	50	13	63	32	10	42
Alcoholic psychoses	6	4	10	2	—	2	—	1	1	2	1	3	—	—	—	1	1	2	3	—	3
Due to drugs, etc.	17	2	19	2	—	2	4	—	4	3	—	3	2	1	3	2	—	2	3	—	—
Traumatic psychoses	78	84	162	13	17	30	21	14	35	9	9	18	13	19	32	5	7	12	2	5	7
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	151	127	278	18	2	20	15	14	29	23	11	34	23	19	42	18	13	31	10	13	23
With convulsive disorders (epilepsy)	29	47	76	2	13	15	3	10	13	7	2	9	9	10	19	3	2	5	—	2	2
Senile psychoses	47	89	136	4	17	21	9	15	24	9	14	23	13	11	24	4	13	17	3	2	5
Involutions	5	20	25	1	3	4	1	—	—	1	4	5	—	6	6	—	4	4	—	1	1
Due to other metabolic diseases, etc.	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Due to new growth	31	26	57	5	5	10	4	4	8	5	4	9	5	1	6	2	3	5	3	3	6
With organic changes of nervous system	16	30	46	1	2	3	3	5	8	2	9	11	5	2	7	1	2	3	1	5	6
Psychoneuroses	367	602	969	46	64	110	51	65	116	60	108	168	65	106	171	37	51	88	26	40	66
Dementia praecox	3,527	3,612	7,139	284	289	573	280	260	540	419	375	794	545	507	1,052	357	353	710	278	253	531
Paranoia and paranoid conditions	66	127	193	9	19	28	7	15	22	10	18	28	5	23	28	7	10	17	6	7	13
With psychopathic personality	41	33	74	4	1	5	4	4	9	4	9	13	13	6	19	4	2	6	5	1	6
With mental deficiency	432	436	868	25	26	51	21	26	47	43	42	85	59	61	120	39	32	71	34	33	67
Undiagnosed psychoses	22	26	48	1	1	2	1	4	5	—	2	2	3	6	9	4	1	5	4	1	5
Without psychoses	83	51	134	6	4	10	4	4	8	10	5	15	13	4	17	13	6	19	4	4	8
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	5,639	5,486	11,125	532	506	1,038	546	458	1,004	709	633	1,342	880	805	1,685	571	515	1,086	421	382	803

TABLE 208. — *Psychoses and Net Time in Institutions during PREVIOUS Admissions, All Readmitted Cases in Residence in Mental Hospitals, September 30, 1934, by Sex — Concluded*

PSYCHOSES	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis																					
With other forms of syphilis	3	1	4	12	3	15	3	2	5	1	-	1	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	2	-	2	3	3	6	1	2	2	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	1	-	1	3	2	5	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	23	7	30	66	19	85	25	8	33	10	3	13	11	2	13	3	-	3	1	-	1
Due to drugs, etc.	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	5	4	9	3	5	8	5	1	6	1	-	1	-	2	2	-	1	1	1	-	1
With other disturbances of circulation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	13	12	25	15	18	33	9	5	14	5	2	7	1	1	1	2	-	2	-	1	1
Senile psychoses	3	4	7	1	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involuntional psychoses	1	2	3	2	10	12	2	4	6	-	-	-	1	1	1	-	-	-	-	-	-
Due to other metabolic diseases, etc.	-	1	1	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	3	-	3	3	3	6	1	1	2	-	2	2	-	-	-	-	-	-	-	-	-
Psychoneuroses	-	1	1	2	3	5	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	13	26	39	46	84	130	18	40	58	4	12	16	1	5	6	-	1	1	-	-	-
Dementia praecox	235	233	468	637	693	1,330	246	331	577	131	189	320	89	109	198	20	17	37	6	3	9
Paranoia and paranoid conditions	4	6	10	10	23	33	5	3	8	2	3	5	1	-	1	-	-	-	-	-	-
With psychopathic personality	1	5	6	5	8	13	-	-	-	1	-	1	-	1	1	-	-	-	-	-	-
With mental deficiency	27	31	58	71	73	144	45	51	96	24	29	53	36	20	56	8	12	20	-	-	-
Undiagnosed psychoses	1	1	2	1	5	10	3	2	5	5	2	2	1	1	1	-	-	-	-	-	-
Without psychoses	6	5	11	16	8	24	8	5	13	2	1	3	1	5	6	-	-	-	-	-	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	341	339	680	904	967	1,871	373	455	828	181	244	425	140	147	287	33	31	64	8	4	12

TABLE 209. — *Color in Cases in Residence in Mental Hospitals on September 30, 1934, by Psychoses and Sex.*

PSYCHOSES	TOTAL			WHITE			BLACK ¹			MULATTO ²			YELLOW ³			OTHERS ⁴			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	540	143	683	515	137	652	16	3	19	8	3	11	1	—	—	—	—	—	—	—	—
With other forms of syphilis	87	33	120	76	31	107	7	2	9	3	—	3	1	—	—	—	—	—	—	—	—
With epidemic encephalitis	61	31	92	60	31	91	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	12	7	19	11	7	18	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	1,142	189	1,331	1,119	179	1,298	20	10	30	3	—	3	—	—	—	—	—	—	—	—	—
Due to drugs, etc.	10	10	20	10	9	19	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	56	9	65	56	9	65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	529	562	1,091	515	545	1,060	11	17	28	1	—	1	2	—	—	—	—	—	—	—	—
With other disturbances of circulation	10	19	29	10	19	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	466	457	923	457	452	909	7	3	10	2	2	4	—	—	—	—	—	—	—	—	—
Senile psychoses	211	374	585	207	364	571	2	6	8	—	4	2	2	—	—	—	—	—	—	—	—
Involutional psychoses	157	308	465	156	306	462	—	1	1	1	1	2	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	32	73	105	31	72	103	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	2	2	4	2	1	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	109	71	180	108	70	178	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	57	72	129	57	72	129	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	719	1,077	1,796	703	1,050	1,753	7	20	27	5	7	12	2	—	—	2	—	2	—	—	—
Dementia praecox	5,972	5,941	11,913	5,799	5,805	11,604	120	100	220	26	30	56	14	—	—	12	4	16	1	2	3
Paranoia and paranoid conditions	168	369	537	162	360	522	6	8	14	—	1	1	—	—	—	—	—	—	—	—	—
With psychopathic personality	96	85	181	91	82	173	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	886	852	1,738	865	830	1,695	17	17	34	1	3	4	3	1	4	—	—	—	1	—	—
Undiagnosed psychoses	29	36	65	29	34	63	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	604	516	1,120	586	507	1,093	12	6	18	6	3	9	—	—	—	—	—	—	—	—	—
Primary behavior disorders	2	3	5	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	11,957	11,239	23,196	11,627	10,975	22,602	233	200	433	56	55	111	25	1	26	14	6	20	2	2	4

¹Includes African black.²Includes African part black or mulatto (African).³Includes Chinese and Japanese.⁴Includes Portuguese and all others.

TABLE 210. — *Psychoses of All Admissions, All Discharges, All Deaths, 1934, All Cases in Residence and All Patients Out of Institutions on September 30, 1934, by Status of Admission and Sex (condensed classification)*

PSYCHOSES	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	202	70	272	28	13	41	62	36	98	19	5	24	86	33	119	27	3	30
With syphilitic meningo-encephalitis	32	13	45	1	2	3	13	4	17	8	2	10	13	8	21	1	1	2
With other forms of syphilis	8	16	24	4	2	6	8	7	15	2	2	4	2	1	3	—	—	—
With epidemic encephalitis	13	27	40	1	3	4	8	15	23	—	1	1	5	1	6	2	—	2
With other infectious diseases	415	59	474	98	19	117	297	47	344	83	15	98	55	14	69	19	7	26
Alcoholic psychoses	16	18	34	9	3	12	21	19	40	9	3	12	—	1	1	—	—	—
Due to drugs, etc.	34	7	41	5	—	5	26	4	30	5	—	5	8	—	8	—	—	—
Traumatic psychoses	477	364	841	32	28	60	83	86	169	13	11	24	335	248	583	16	22	38
With cerebral arteriosclerosis	28	24	52	—	2	2	4	16	20	1	3	4	19	11	30	—	—	—
With other disturbances of circulation	55	55	110	40	16	56	41	27	68	31	14	45	28	17	45	11	12	23
With convulsive disorders (epilepsy)	102	160	262	14	4	18	15	21	36	5	5	10	92	155	247	6	7	13
Senile psychoses	45	103	148	11	9	20	27	44	71	7	12	19	6	53	12	3	2	5
Involuntary psychoses	32	57	89	6	5	11	12	38	50	3	6	1	15	22	37	3	1	4
Due to new growth	4	8	12	—	1	1	3	2	5	—	1	1	2	8	10	—	—	—
Due to other metabolic diseases, etc.	68	38	106	11	6	17	37	20	57	15	6	21	21	17	38	5	2	7
With organic changes of nervous system	95	89	184	29	28	57	90	86	176	31	26	57	1	1	2	—	1	1
Psychoneuroses	226	284	510	150	198	348	192	243	435	134	180	314	22	25	47	25	39	64
Manic-depressive psychoses	479	490	969	208	182	390	276	333	609	147	123	270	64	66	130	87	102	189
Dementia praecox	62	70	132	8	15	23	49	48	97	8	18	26	5	12	17	1	7	8
Paranoia and paranoid conditions	27	38	65	13	25	38	16	25	41	15	30	45	5	2	7	2	1	3
With psychopathic personality	71	80	151	12	35	47	41	55	96	15	29	44	13	13	26	11	8	19
With mental deficiency	115	83	198	37	20	57	109	76	185	36	19	55	6	6	12	—	—	—
Undiagnosed psychoses	499	244	743	222	95	317	460	204	664	223	96	319	36	21	57	8	1	9
Without psychoses	41	19	60	13	5	18	40	17	57	13	4	17	—	—	—	—	—	—
Primary behavior disorders																		
Total	3,146	2,408	5,554	952	716	1,668	1,930	1,473	3,403	823	611	1,434	842	715	1,557	227	217	444

NOTE: — Admissions and discharges do not include transfers.

TABLE 210. — *Psychoses of All Admissions, All Discharges, All Deaths, 1934, All Cases in Residence and All Patients Out of Institutions on September 30, 1934, by Status of Admission and Sex (condensed classification)* — Concluded

PSYCHOSES	RESIDENT POPULATION						PATIENTS OUT OF INSTITUTION					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	325	103	428	215	40	255	54	21	75	20	4	24
With other forms of syphilis	59	20	79	28	13	41	6	5	11	2	2	4
With epidemic encephalitis	39	22	61	22	9	31	8	2	10	1	3	4
With other infectious diseases	8	5	13	4	2	6	—	8	8	1	1	2
Alcoholic psychoses	691	87	778	451	102	553	110	19	129	41	11	52
Due to drugs, etc.	4	6	10	6	4	10	2	4	6	—	2	2
Traumatic psychoses	39	7	46	17	2	19	7	—	7	1	—	1
With cerebral arteriosclerosis	451	478	929	78	84	162	63	60	123	10	12	22
With other disturbances of circulation	10	15	25	—	4	4	4	5	9	—	2	2
With convulsive disorders (epilepsy)	315	330	645	151	127	278	45	30	75	6	7	13
Senile psychoses	182	327	509	29	47	76	10	22	32	3	8	11
Involuntary psychoses	110	219	329	47	89	136	18	50	68	1	9	10
Due to other metabolic diseases, etc.	27	53	80	5	20	25	11	14	25	1	3	4
Due to new growth	1	2	3	1	—	1	—	—	—	—	—	—
With organic changes of nervous system	78	45	123	31	26	57	7	9	16	5	7	12
Psychoneuroses	41	42	83	16	30	46	17	36	53	9	14	23
Manic-depressive psychoses	352	475	827	367	602	969	99	149	248	93	156	249
Dementia praecox	2,445	2,329	4,774	3,527	3,612	7,139	205	245	450	156	180	336
Paranoia and paranoid conditions	102	242	344	66	127	193	18	32	50	7	21	28
With psychopathic personality	55	52	107	41	33	74	10	10	20	7	6	13
With mental deficiency	454	416	870	432	436	868	16	27	43	19	25	44
Undiagnosed psychoses	7	10	17	22	26	48	3	1	4	3	9	12
Without psychoses	521	465	986	83	51	134	43	35	78	4	11	15
Primary behavior disorders	2	3	5	—	—	—	—	—	—	—	—	—
Total	6,318	5,753	12,071	5,639	5,486	11,125	756	784	1,540	390	493	883

TABLE 211. — *Psychoses of All Admissions, All Discharges, All Deaths, 1934, All Cases in Residence and All Patients Out of Institutions on September 30, 1934, by Status of Admission and Sex (detailed classification)* — Continued

	PSYCHOSES	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
		FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
VI.	<i>Psychoses Due to Disturbances of Metabolism, Growth, Nutrition or Endocrine Function:</i>	179	320	499	31	18	49	54	103	157	15	23	38	116	210	326	12	10	22
	Senile Psychoses:																		
	Simple deterioration	58	100	158	6	1	7	7	9	16	2	—	2	63	99	162	2	4	6
	Presbyphrenic type	6	7	13	2	—	2	1	2	3	1	—	1	6	18	24	1	—	1
	Delirious and confused types	4	8	12	—	1	1	1	1	1	1	—	1	3	11	14	—	1	1
	Depressed and agitated types	5	23	28	2	2	4	—	3	3	—	3	3	5	13	18	1	—	1
	Paranoid types	29	22	51	4	—	4	6	7	13	1	2	3	15	14	29	2	2	4
	Involuntional Psychoses:																		
	Melancholia	39	81	120	11	8	19	25	36	61	6	11	17	9	30	39	3	2	5
	Paranoid types	2	19	21	—	—	1	2	7	7	1	—	1	—	3	3	—	—	—
VII.	<i>Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:</i>																		
	With multiple sclerosis	68	38	106	11	6	17	37	20	57	15	6	21	21	17	38	5	2	7
	With paralysis agitans	4	5	9	—	—	—	2	1	3	1	—	1	—	2	2	—	1	1
	With Huntington's chorea	4	1	5	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—
	With other brain or nervous diseases	3	2	5	1	—	1	—	2	2	—	—	—	4	3	7	2	—	2
	Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:	57	30	87	10	6	16	35	17	52	14	6	20	16	10	26	3	1	4
	Psychoneuroses:																		
	Anxiety hysteria	960	1,051	2,011	420	483	903	664	790	1,454	350	406	756	110	119	229	126	158	284
	Conversion hysteria:																		
	Anesthetic type	7	4	11	5	2	7	7	5	12	3	2	5	—	—	—	—	—	—
IX.	<i>Psychoses Due to Disturbances of Metabolism, Growth, Nutrition or Endocrine Function:</i>																		
	Senile Psychoses:																		
	Simple deterioration	—	1	1	—	1	1	—	1	1	—	—	1	—	—	—	—	—	—
	Presbyphrenic type	2	1	3	1	1	2	1	1	2	1	—	2	—	—	—	—	—	—
	Delirious and confused types	2	10	12	1	2	3	1	1	8	9	2	2	—	—	—	—	—	—
	Depressed and agitated types	1	2	3	1	—	1	1	2	3	1	—	1	—	—	—	—	—	—
	Paranoid types	—	5	5	—	1	1	—	4	4	—	2	2	—	—	—	—	—	—
	Involuntional Psychoses:																		
	Melancholia	2	2	4	—	1	1	1	1	2	3	—	1	—	—	—	—	—	—
	Paranoid types	8	11	19	3	—	3	7	13	20	4	1	5	—	—	—	—	—	—

Psychasthenia or compulsive states:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Obsession	6	4	10	4	5	9	8	3	11	4	6	10																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										</

TABLE 211. — *Psychoses of All Admissions, All Discharges, All Deaths, 1934, All Cases in Residence and All Patients Out of Institutions on September 30, 1934, by Status of Admission and Sex (detailed classification) — Continued*

	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
PSYCHOSES																		
Epilepsy and mental deficiency:																		
Idiot	14	21	35	1	1	2			2									
Imbecile	24	12	36	2	3	5			11									
Moron	16	15	31	10	3	13			12									
Other non-psychotic diseases or conditions	83	45	128	39	21	60			41									
No other condition	56	31	87	12	8	20			30									
Primary Behavior Disorders:	41	19	60	13	5	18			17									
Simple adult maladjustment	15	8	23	10	3	13			8									
Primary behavior disorders in children:																		
Habit disturbance	2		2						2									
Conduct disturbance	22	11	33	3	2	5			9									
Neurotic traits.	2		2						2									
XIII. Grand Total	3,146	2,408	5,554	952	716	1,668	1,930	1,473	3,403	823	611	1,434	842	715	1,557	227	217	444

Psychasthenia or compulsive states:

Obsession	4	4	8	1	3	4	1	4	5
Compulsive tics and spasms	2	1	3	3	2	5	1	1	1
Phobia	2	3	3	3	2	5	1	1	1
Mixed compulsive states	12	13	25	4	12	16	5	6	6
Neurasthenia	5	4	4	3	3	3	2	2	1
Hypochondriasis	3	3	8	3	3	1	1	1	1
Reactive depression	5	3	4	2	2	4	2	2	3
Anxiety state	3	1	4	2	2	4	3	4	4
Mixed psychoneuroses	5	3	8	1	2	3	3	4	3
Manic-depressive psychoses:									
Manic type	99	140	239	161	307	468	33	48	81
Depressive type	206	248	454	150	199	349	51	82	133
Circular type	8	11	19	20	30	50	2	4	6
Mixed type	14	38	52	26	39	65	5	6	11
Perplexed type	3	2	5	1	2	2	1	2	3
Stuporous type	14	28	42	3	13	16	5	3	8
Other types	8	8	16	6	13	19	2	4	6
Dementia praecox (schizophrenia):									
Simple type	139	81	220	128	100	228	11	14	25
Hebephrenic type	724	563	1,287	1,567	1,250	2,817	40	44	84
Catatonic type	582	599	1,181	689	702	1,301	87	89	176
Paranoid type	879	987	1,866	1,033	1,473	2,506	49	83	132
Other types	121	99	220	110	87	197	18	15	33
Paranoia	6	9	15	7	6	13	3	3	3
Paranoid condition	96	233	329	59	121	180	18	29	47
With psychopathic personality	55	52	107	41	33	74	10	10	20
With mental deficiency:									
Idiot	20	21	41	31	40	71	2	2	2
Imbecile	167	164	331	193	168	361	4	8	12
Moron	255	213	468	193	214	407	11	16	27
Unknown	12	18	30	15	14	29	1	1	2
Undiagnosed Psychoses:	7	10	17	22	26	48	3	1	4
Without Psychosis:	521	465	986	83	51	134	43	35	78
Alcoholism	10	12	12	1	1	2	2	2	2
Drug addiction	3	1	4	1	1	1	1	1	1
Disorders due to epidemic encephalitis	1	1	1	1	1	1	1	1	1
Psychopathic personality:									
With pathological sexuality	1	1	1	1	1	1	1	1	1
With pathological emotionality	6	4	10	1	2	2	2	2	2
With social or amoral trends	2	3	5	2	2	2	1	1	1
Mixed types	4	2	6	1	1	1	1	1	1
Epilepsy	22	21	43	1	1	1	14	7	21
Mental deficiency:									
Idiot	7	3	10	1	2	3	1	1	1
Imbecile	24	16	40	10	8	18	1	1	3
Moron	17	5	22	21	8	29	2	1	3

TABLE 211. — *Psychoses of All Admissions, All Discharges, All Deaths, 1934, All Cases in Residence and All Patients Out of Institutions on September 30, 1934, by Status of Admission and Sex (detailed classification) — Concluded*

PSYCHOSES	RESIDENT POPULATION						PATIENTS OUT OF INSTITUTION					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Epilepsy and mental deficiency:												
Idiot												
Imbecile												
Moron												
Other non-psychotic diseases or conditions												
No other condition												
Primary behavior Disorders:												
Simple adult maladjustment												
Primary behavior disorders in children:												
Habit disturbance												
Conduct disturbance												
Neurotic traits												
XII. Grand Total	6,318	5,753	12,071	5,639	5,486	11,125	756	784	1,540	390	493	883
XIII. Grand Total												

NOTE: — Admissions and discharges do not include transfers.

TABLE 212. — *City or Town and County of Residence, All Cases in Residence in Mental Hospitals, September 30, 1934, by Sex*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Barnstable</i>				<i>Essex</i>			
Barnstable	18	13	31	Amesbury	24	20	44
Bourne	4	7	11	Andover	16	30	46
Brewster	2	—	2	Beverly	44	50	94
Chatham	6	5	11	Boxford	4	1	5
Dennis	3	7	10	Danvers	27	24	51
Eastham	2	—	2	Essex	4	4	8
Falmouth	8	9	17	Georgetown	10	8	18
Harwich	4	9	13	Gloucester	66	58	124
Mashpee	2	—	2	Groveland	3	5	8
Orleans	5	1	6	Hamilton	4	6	10
Provincetown	3	6	9	Haverhill	129	106	235
Sandwich	2	6	8	Ipswich	9	19	28
Truro	—	2	2	Lawrence	276	226	502
Wellfleet	—	3	3	Lynn	293	242	535
Yarmouth	2	4	6	Lynnfield	4	1	5
Total	61	72	133	Manchester	2	4	6
<i>Berkshire</i>				Marblehead	12	17	29
Adams	29	33	62	Merrimac	6	4	10
Becket	2	1	3	Methuen	25	29	54
Cheshire	4	2	6	Middleton	3	1	4
Clarksburg	1	3	4	Nahant	2	5	7
Dalton	7	11	18	Newbury	2	7	9
Egremont	1	3	4	Newburyport	63	30	93
Great Barrington	11	10	21	North Andover	9	13	22
Hancock	—	1	1	Peabody	58	41	99
Hinsdale	3	1	4	Rockport	9	16	25
Lanesborough	1	1	2	Rowley	4	1	5
Lee	15	7	22	Salem	142	117	259
Lenox	10	11	21	Salisbury	3	2	5
Monterey	1	1	2	Saugus	32	27	59
New Ashford	—	1	1	Swampscott	12	10	22
New Marlborough	4	2	6	Topsfield	2	2	4
North Adams	71	67	138	Wenham	3	1	4
Otis	3	2	5	West Newbury	1	3	4
Peru	—	1	1	Total	1,303	1,130	2,433
Pittsfield	133	97	230	<i>Franklin</i>			
Richmond	1	1	2	Ashfield	1	3	4
Sandisfield	3	1	4	Bernardston	1	1	2
Sheffield	6	7	13	Buckland	11	1	12
Stockbridge	3	7	10	Charlmont	6	2	8
Tyringham	—	1	1	Colrain	4	—	4
Washington	1	—	1	Conway	4	1	5
West Stockbridge	5	2	7	Deerfield	12	6	18
Williamstown	6	14	20	Erving	—	1	1
Windsor	2	2	4	Gill	—	2	2
Total	323	290	613	Greenfield	42	25	67
<i>Bristol</i>				Hawley	—	2	2
Acushnet	13	8	21	Heath	1	1	2
Attleboro	68	61	129	Leverett	2	—	2
Berkley	1	1	2	Leydon	3	1	4
Dartmouth	14	8	22	Monroe	1	—	1
Dighton	5	5	10	Montague	21	16	37
Easton	9	13	22	New Salem	1	—	1
Fairhaven	18	20	38	Northfield	6	9	15
Fall River	287	322	609	Orange	13	17	30
Freetown	3	3	6	Rowe	2	—	2
Mansfield	13	24	37	Shelburne	7	14	21
New Bedford	263	243	506	Sunderland	3	—	3
North Attleborough	29	19	48	Warwick	—	1	1
Norton	7	2	9	Wendell	1	1	2
Raynham	5	3	8	Whately	3	2	5
Rehoboth	6	3	9	Total	145	106	251
Seekonk	11	6	17	<i>Hampden</i>			
Somerset	5	8	13	Agawam	12	11	23
Swansea	11	3	14	Blandford	1	1	2
Taunton	96	98	194	Brimfield	4	1	5
Westport	7	4	11	Chester	5	7	12
Total	871	854	1,725	Chicopee	116	89	205
<i>Dukes</i>				East Longmeadow	6	2	8
Edgartown	3	4	7	Granville	4	3	7
Gosnold	1	—	1	Hampden	2	—	2
Oak Bluffs	5	8	13	Holyoke	184	181	365
Tisbury	2	2	4	Longmeadow	6	9	15
Total	11	14	25	Ludlow	13	15	28
				Monson	10	13	23
				Montgomery	—	36	36

TABLE 212. — *City or Town and County of Residence, All Cases in Residence in Mental Hospitals, September 30, 1934, by Sex — Continued*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Palmer	28	24	52	Tewksbury	15	18	33
Russell	—	1	1	Townsend	4	3	7
Southwick	12	6	18	Tyngsborough	3	3	6
Springfield	411	459	870	Wakefield	21	22	43
Wales	—	3	3	Waltham	93	133	226
Westfield	58	58	116	Watertown	52	52	104
West Springfield	23	27	50	Wayland	3	3	6
Wilbraham	5	5	10	Westford	4	6	10
Total	900	951	1,851	Weston	3	6	9
<i>Hampshire</i>				Wilmington	6	11	17
Amherst	17	24	41	Winchester	14	26	40
Belchertown	11	7	18	Woburn	52	40	92
Chesterfield	3	—	3	Total	1,986	2,163	4,149
Cummington	2	2	4	<i>Nantucket</i>			
Enfield	3	—	3	Nantucket	10	7	17
Easthampton	36	39	75	Total	10	7	17
Goshen	—	1	1	<i>Norfolk</i>			
Granby	3	2	5	Avon	5	11	16
Greenwich	3	—	3	Bellingham	6	2	8
Hadley	15	4	19	Braintree	21	38	59
Hatfield	7	6	13	Brookline	76	98	174
Huntington	1	4	5	Canton	25	18	43
Middlefield	2	—	2	Cohasset	6	3	9
Northampton	70	39	109	Dedham	38	30	68
Pelham	2	1	3	Dover	2	1	3
Plainfield	2	—	2	Franklin	19	7	26
Prescott	—	1	1	Foxborough	17	24	41
Southampton	2	5	7	Holbrook	4	7	11
South Hadley	19	19	38	Medfield	—	6	6
Ware	30	19	49	Medway	16	11	27
Westhampton	1	—	1	Millis	5	—	5
Williamsburg	4	6	10	Milton	23	29	52
Worthington	2	—	2	Needham	24	26	50
Total	235	179	414	Norfolk	1	5	6
<i>Middlesex</i>				Norwood	27	21	48
Acton	8	13	21	Plainville	2	3	5
Arlington	57	74	131	Quincy	114	136	250
Ashby	3	2	5	Randolph	21	13	34
Ashland	7	6	13	Sharon	6	3	9
Ayer	6	10	16	Stoughton	22	23	45
Bedford	2	6	8	Walpole	20	11	31
Belmont	39	51	90	Wellesley	13	21	34
Billerica	6	7	13	Westwood	2	3	5
Boxborough	1	—	1	Weymouth	38	39	77
Burlington	1	3	4	Wrentham	10	20	30
Cambridge	390	359	749	Total	563	609	1,172
Carlisle	2	—	2	<i>Plymouth</i>			
Chelmsford	17	9	26	Abington	14	10	24
Concord	10	11	21	Bridgewater	46	30	76
Dracut	12	16	28	Brockton	214	146	360
Dunstable	1	—	1	Carver	6	2	8
Everett	95	82	177	Duxbury	4	5	9
Framingham	44	64	108	East Bridgewater	7	5	12
Groton	3	9	12	Halifax	3	2	5
Holliston	6	10	16	Hanover	11	8	19
Hopkinton	3	9	12	Hanson	6	6	12
Hudson	15	15	30	Hingham	11	11	22
Lexington	21	9	30	Hull	6	2	8
Lincoln	2	—	2	Kingston	2	3	5
Littleton	5	—	5	Lakeville	3	—	3
Lowell	287	314	601	Marion	3	3	6
Malden	121	148	269	Marshfield	6	2	8
Marlborough	43	44	87	Mattapoisett	6	3	9
Maynard	26	11	37	Middleborough	16	16	32
Medford	87	98	185	Norwell	3	5	8
Melrose	28	44	72	Pembroke	6	3	9
Natick	26	31	57	Plymouth	35	33	68
Newton	105	121	226	Plympton	—	2	2
North Reading	3	4	7	Rochester	4	3	7
Pepperell	5	6	11	Rockland	27	28	55
Reading	18	14	32	Scituate	9	5	14
Sherborn	—	4	4	Wareham	13	11	24
Shirley	6	2	8	West Bridgewater	7	1	8
Somerville	189	217	406	Whitman	15	17	32
Stonham	10	16	26	Total	483	362	845
Stow	2	1	3				
Sudbury	4	—	4				

TABLE 212. — *City or Town and County of Residence, All Cases in Residence in Mental Hospitals, September 30, 1934, by Sex — Concluded*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Suffolk</i>				Northbridge . . .	22	9	31
Boston . . .	2,775	3,137	5,912	North Brookfield . . .	6	4	10
Chelsea . . .	113	105	218	Oakham . . .	4	1	5
Revere . . .	64	54	118	Oxford . . .	9	5	14
Winthrop . . .	26	30	56	Paxton . . .	3	1	4
• Total. . .	2,978	3,326	6,304	Petersham . . .	1	2	3
<i>Worcester</i>				Phillipston . . .	1	—	1
Ashburnham . . .	3	6	9	Princeton . . .	—	1	1
Athol . . .	18	24	42	Royalston . . .	2	3	5
Auburn . . .	2	9	11	Rutland . . .	5	3	8
Barre . . .	7	6	13	Shrewsbury . . .	13	7	20
Berlin . . .	2	2	4	Southborough . . .	4	5	9
Blackstone . . .	12	8	20	Southbridge . . .	37	24	61
Bolton . . .	4	4	8	Spencer . . .	14	15	29
Boylston . . .	2	2	4	Sterling . . .	1	3	4
Brookfield . . .	4	5	9	Sturbridge . . .	3	1	4
Charlton . . .	12	7	19	Sutton . . .	3	7	10
Clinton . . .	28	35	63	Templeton . . .	26	21	47
Dana . . .	3	3	6	Upton . . .	4	5	9
Douglas . . .	7	2	9	Uxbridge . . .	17	9	26
Dudley . . .	8	9	17	Warren . . .	5	7	12
East Brookfield . . .	3	—	3	Webster . . .	35	23	58
Fitchburg . . .	127	94	221	Westborough . . .	21	13	34
Gardner . . .	51	48	99	West Boylston . . .	2	4	6
Grafton . . .	5	13	18	West Brookfield . . .	1	2	3
Hardwick . . .	9	5	14	Westminster . . .	3	8	11
Harvard . . .	4	2	6	Winchendon . . .	17	14	31
Holden . . .	5	3	8	Worcester . . .	554	471	1,025
Hopedale . . .	4	6	10	Total. . .	1,269	1,070	2,339
Hubbardston . . .	2	1	3	Non-residents . . .	616	94	710
Lancaster . . .	5	9	14	Unknown . . .	203	12	215
Leicester . . .	5	10	15	Total. . .	819	106	925
Leominster . . .	45	34	79	Grand Total . . .	11,957	11,239	23,196
Lunenburg . . .	4	1	5				
Mendon . . .	—	4	4				
Milford . . .	42	29	71				
Millbury . . .	17	8	25				
Millville . . .	8	4	12				
New Braintree . . .	—	2	2				
Northborough . . .	8	7	15				

TABLE 213. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1934*

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1933	2,506	2,696	5,202	562	783	1,345	1,110	784	1,894	834	1,129	1,963
<i>Cases Admitted during Year</i>												
Regular Commitment Cases:												
First admissions	97	100	197	23	30	53	31	28	59	43	42	85
Readmissions	4	5	9	—	2	2	4	—	4	—	3	3
Total	101	105	206	23	32	55	35	28	63	43	45	88
Voluntary Admission Cases:												
First admissions	117	136	253	24	21	45	29	61	90	64	54	118
Readmissions	8	3	11	—	—	—	4	—	4	4	3	7
Total	125	139	264	24	21	45	33	61	94	68	57	125
Observation Admission Cases:												
First admissions	1	—	1	1	—	1	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	—	1	1	—	1	—	—	—	—	—	—
Total cases admitted by transfer	2	9	11	—	4	4	1	4	5	1	1	2
Total cases admitted	229	253	482	48	57	105	69	93	162	112	103	215
Total cases under treatment	2,735	2,949	5,684	610	840	1,450	1,179	877	2,056	946	1,232	2,178
<i>Cases Discharged during Year</i>												
Regular Commitment Cases:												
Capable of self-support	12	17	29	2	6	8	9	4	13	1	7	8
Capable of partial self-support	29	23	52	5	5	10	16	5	21	8	13	21
Incapable of productive work	17	16	33	3	7	10	9	3	12	5	6	11
Died	9	27	36	1	11	12	4	3	7	4	13	17
Total	67	83	150	11	29	40	38	15	53	18	39	57
Voluntary Admissions Cases:												
Capable of self-support	1	2	3	—	—	—	1	—	1	—	2	2
Capable of partial self-support	12	8	20	—	3	3	5	2	7	7	3	10
Incapable of productive work	21	20	41	2	1	5	10	6	16	9	11	20
Died	31	17	48	4	1	5	5	7	12	22	9	31
Total	65	47	112	6	7	13	21	15	36	38	25	63

[illegible]

TABLE 215. — *Country of Birth of First Admissions to State Schools, 1934, by Parentage and Sex*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States.	211	230	441	101	117	86	117	142	99
Australia.	—	—	—	1	1	—	—	—	—
Austria.	—	—	—	—	—	—	—	1	—
Belgium.	—	—	—	—	—	—	—	1	—
Canada ¹	2	1	3	19	17	7	20	22	11
England.	—	—	—	3	4	—	5	6	3
Finland.	—	—	—	—	—	—	1	2	1
France.	—	—	—	—	—	—	2	1	—
Germany.	—	—	—	1	—	—	—	1	—
Greece.	—	—	—	2	—	—	—	1	—
Ireland.	—	1	1	7	11	5	4	8	1
Italy.	2	—	2	37	31	31	10	17	5
Poland.	—	—	—	8	7	6	20	10	16
Portugal.	—	1	1	7	6	6	11	6	9
Russia.	—	1	1	9	10	8	7	7	5
Scotland.	—	—	—	2	1	1	9	6	6
Sweden.	—	1	1	—	—	—	2	1	—
Switzerland.	—	—	—	—	—	—	2	1	1
Turkey in Europe.	—	—	—	—	—	—	—	1	—
West Indies ²	—	—	—	2	2	2	1	—	—
Other countries.	—	1	1	5	4	4	4	1	1
Unknown.	—	—	—	11	4	4	20	3	4
Total.	215	236	451	215	215	160	236	236	165

¹Includes Newfoundland.²Except Cuba, Porto Rico and Virgin Islands.

TABLE 217. — *Economic Condition of First Admissions to State Schools, 1934, by Mental Status and Sex*

	ECONOMIC CONDITION			TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent				78	74	152	10	6	16	24	25	49	39	40	79	5	3	8
Marginal				130	157	287	15	25	40	53	70	123	53	55	108	9	7	16
Comfortable				7	4	11	1	1	2	4	—	4	2	3	5	—	—	—
Unknown				—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
Total	215	236	451				26	32	58	81	95	176	94	99	193	14	10	24

TABLE 218. — *Population of Place of Residence of All Admissions to State Schools, 1934, by Mental Status, and Sex*

MENTAL STATUS	TOTAL			0-2,499			2,500-9,999			10,000-24,999			25,000-49,999			50,000-99,999			100,000-249,999			250,000-499,999			500,000-Plus			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	26	33	59	1	2	3	1	8	9	3	5	8	4	3	7	3	2	5	13	8	21	—	—	—	1	5	6	—	—	—
Imbecile	88	97	185	9	5	14	10	17	27	16	14	30	15	13	28	4	15	19	19	17	36	—	—	—	15	16	31	—	—	—
Moron	97	104	201	7	9	16	13	14	27	15	12	27	4	8	12	11	8	19	24	32	56	—	—	—	23	20	43	—	1	1
Not Mentally Defective	16	10	26	3	1	4	2	1	3	1	1	2	3	1	4	—	1	1	6	4	10	—	—	—	1	1	2	—	—	—
Total	227	244	471	20	17	37	26	40	66	35	32	67	26	25	51	18	26	44	62	61	123	—	—	—	40	42	82	—	1	1

TABLE 219. — *Clinical Diagnoses of All Admissions to State Schools, 1934, by Age at Admission and Sex*¹

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YRS.			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	50	65	115	3	5	8	15	16	31	23	10	33	5	28	33	3	4	7	-	2	2
Mongolism	21	29	50	3	6	9	9	16	25	2	3	10	2	1	3	-	1	1	-	2	2
With developmental cranial anomalies	16	15	31	5	4	9	6	9	15	2	1	3	1	1	2	-	1	1	2	-	-
With congenital cerebral spastic infantile paralysis	9	8	17	1	1	2	3	1	4	1	3	4	4	1	2	-	1	1	-	-	-
Post-infectious	11	17	28	1	4	5	2	6	8	6	3	9	2	3	5	-	1	1	-	-	-
Post-traumatic — natal	12	3	15	5	2	7	3	1	4	3	-	3	1	1	-	-	-	-	-	-	-
Post-traumatic — post-natal	4	-	4	-	-	-	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — symptomatic	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	6	6	12	-	1	1	3	2	5	3	2	5	-	1	1	-	1	1	-	-	-
With endocrine disorders	4	13	17	-	-	-	2	4	6	2	4	6	-	2	2	-	1	1	-	-	-
With familial amaurosis	1	2	3	-	1	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
With tuberous sclerosis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous disease	80	70	150	5	4	9	26	20	46	28	19	47	12	13	25	5	9	14	2	1	3
Undifferentiated	12	15	27	-	2	2	2	5	7	7	6	13	3	1	4	-	1	1	-	-	-
Other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	227	244	471	23	30	53	74	80	154	84	51	135	31	52	83	8	20	28	4	5	9

CLINICAL DIAGNOSES	30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS			50-54 YEARS			55 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
With developmental cranial anomalies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With congenital cerebral spastic infantile paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-traumatic — natal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-traumatic — post-natal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — symptomatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With endocrine disorders	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
With familial amaurosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With tuberous sclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undifferentiated	1	3	4	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	3	4	1	1	2	-	-	-	1	1	1	-	-	-	1	-	1

¹Minus transfers.

TABLE 220. — *Intelligence Quotient of First Admissions to State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0-99			I.Q. 10-19			I.Q. 20-29			I.Q. 30-39			I.Q. 40-49			I.Q. 50-59			I.Q. 60-69			I.Q. 70-79			I.Q. 80-89		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	49	63	112	-	-	-	-	-	-	1	3	4	5	7	12	7	10	17	13	13	26	16	22	38	6	8	14	1	-	1
Mongolism	21	29	50	1	1	2	3	3	6	8	7	15	9	10	19	-	8	8	-	-	-	-	-	-	-	-	-	-	-	-
With developmental anomalies	14	14	28	1	2	3	-	4	4	3	4	7	4	2	6	2	1	3	2	1	3	1	-	1	1	-	1	-	-	-
With congenital cerebral spastic infantile paralyses	7	8	15	-	-	-	1	1	2	-	-	-	1	1	2	4	3	7	-	1	1	1	1	2	-	1	1	-	-	-
Post-infectious	10	17	27	-	-	-	1	1	1	-	4	4	2	1	3	2	4	6	2	3	5	3	3	6	1	1	2	-	-	-
Post-traumatic — natal	12	3	15	3	-	3	4	1	5	1	1	2	1	-	1	2	-	2	-	-	-	1	1	2	-	-	-	-	-	-
Post-traumatic — post-natal	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	2	-	2	-	-	-	-	-	-
With epilepsy — symptomatic	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	5	5	10	1	3	4	-	2	2	2	2	1	1	2	1	1	4	5	1	3	3	1	3	4	-	-	-	-	-	-
With endocrine disorders	4	13	17	-	-	-	-	-	-	1	1	2	1	2	3	1	1	1	-	1	1	-	-	-	-	-	-	-	-	-
With familial amaurosis	1	1	2	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With tuberous sclerosis	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undifferentiated	75	66	141	-	3	3	1	2	3	6	9	15	8	3	11	12	10	22	19	15	34	18	17	35	8	4	12	3	3	6
Other forms	12	15	27	-	-	-	2	1	3	1	1	2	1	7	8	3	2	5	2	1	3	-	3	3	-	-	3	-	-	-
Total	215	236	451	7	9	16	11	15	26	23	31	54	33	34	67	34	42	76	41	38	79	43	50	93	19	14	33	4	3	7

TABLE 221. — *Intelligence Quotient of Readmissions to State Schools, 1934 by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0-9			I.Q. 10-19			I.Q. 20-29			I.Q. 30-39			I.Q. 40-49			I.Q. 50-59			I.Q. 60-69			I.Q. 70-79			I.Q. 80-89			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Familial	1	2	3	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1	-	2	2	-	-	-	-	-	-	-	-	-	
Mongolism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With developmental cranial anomalies	2	1	3	-	-	-	-	-	-	-	-	-	1	1	2	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	
With congenital cerebral spastic infantile paralyses	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Post-infectious	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	-	
Post-traumatic — natal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Post-traumatic — post-natal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With epilepsy — symptomatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With epilepsy — idiopathic	1	1	2	-	-	-	-	-	1	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With endocrine disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With familial amaurosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With tuberculous sclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other organic nervous disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Undifferentiated	5	4	9	-	-	-	-	-	-	1	-	1	1	1	2	-	-	1	1	1	1	1	2	3	1	1	1	1	1	-	
Other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	12	8	20	-	-	-	-	-	1	1	1	3	2	5	2	3	5	1	2	3	2	-	2	-	2	-	2	-	2	-	2

TABLE 222. — *Mental Status of Patients Discharged from State Schools, 1934, by Age at Discharge and Sex*

AGE GROUPS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
5-9 years	8	5	13	4	-	-	-	4	3	-	3	3	1	-	1
10-14 years	13	6	19	2	-	-	2	2	2	5	5	10	4	1	5
15-19 years	27	16	43	-	2	3	3	1	4	22	10	32	2	3	5
20-24 years	26	28	54	1	3	4	3	6	9	16	14	30	6	5	11
25-29 years	8	16	24	-	1	1	3	2	5	4	7	11	1	6	7
30-34 years	4	5	9	1	-	-	-	1	1	2	4	6	1	1	1
35-39 years	1	5	6	-	-	-	-	1	1	1	1	2	1	3	3
40-44 years	1	4	5	-	-	-	-	1	1	-	2	2	-	2	2
45-49 years	3	-	3	1	-	-	1	2	-	-	-	-	-	-	-
50-54 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55 years and over	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
Total	92	86	178	9	6	15	17	14	31	51	46	97	15	20	35

TABLE 223. — Age at Discharge of Patients Discharged from State Schools, 1934, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES	TOTAL	UNDER 5 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS	
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	35	24	59										
Mongolism	5	2	7										
With developmental cranial anomalies	1	1	2										
With congenital cerebral spastic infantile paralyzes	2	2	2										
Post-infectious	1	7	8										
Post-traumatic — natal	2	2	2										
Post-traumatic — post-natal	1	3	3										
With epilepsy — symptomatic	3	1	4										
With epilepsy — idiopathic	1	1	2										
With endocrine disorders													
With familial amaurosis													
With tuberosus sclerosis													
With other organic nervous disease													
Undifferentiated	31	32	63										
Other forms	10	14	24										
Total	92	86	178										

CLINICAL DIAGNOSES	30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS		50-54 YEARS		55 YEARS AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	2	2	4	1	1	2						
Mongolism												
With developmental cranial anomalies												
With congenital cerebral spastic infantile paralyzes												
Post-infectious												
Post-traumatic — natal	1	1	2									
Post-traumatic — post-natal												
With epilepsy — symptomatic												
With epilepsy — idiopathic												
With endocrine disorders												
With familial amaurosis												
With tuberosus sclerosis												
With other organic nervous disease	1	2	3									
Undifferentiated												
Other forms												
Total	4	5	9	1	5	6						

TABLE 224. — *Intelligence Quotient of Patients Discharged from State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL		I. Q. .0-.09	I. Q. .10-.19	I. Q. .20-.29	I. Q. .30-.39	I. Q. .40-.49	I. Q. .50-.59	I. Q. .60-.69	I. Q. .70-.79	I. Q. .80-.89	I. Q. 90 PLUS
	M.	F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
Familial	35	24	59	-	-	-	2	3	11	10	21	-
Mongolism	5	2	7	1	1	2	3	-	-	-	-	-
With developmental cranial anomalies	1	1	2	-	1	1	-	1	-	-	-	-
With congenital cerebral spastic infantile paralyses	2	-	2	-	-	-	1	-	-	-	-	-
Post-infectious	1	7	8	-	-	-	-	-	-	-	-	1
Post-traumatic — natal	2	-	2	1	-	1	1	-	1	1	2	-
Post-traumatic — post-natal	1	1	2	1	1	-	-	-	-	-	-	-
With epilepsy — symptomatic	-	3	3	-	-	-	1	1	-	-	-	-
With epilepsy — idiopathic	3	1	4	1	1	2	-	1	1	2	-	-
With endocrine disorders	1	1	2	-	-	-	-	-	-	-	-	-
With familial amaurosis	-	-	-	-	-	-	-	-	-	-	-	-
With tuberculous sclerosis	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous diseases	31	32	63	-	1	2	1	4	7	12	19	1
Undifferentiated	10	14	24	-	1	2	3	4	2	2	4	1
Other forms	-	-	-	1	1	1	-	-	-	-	-	-
Total	92	86	178	3	4	3	9	5	20	25	45	2

TABLE 225. — *Capability on Discharge of All Patients Discharged from State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			CAPABLE OF SELF-SUPPORT			CAPABLE OF PARTIAL SELF-SUPPORT			INCAPABLE OF PRODUCTIVE WORK		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	35	24	59	8	8	16	19	9	28	8	7	15
Familial	5	2	7	—	—	—	1	1	2	5	1	6
Mongolism	1	1	2	—	—	—	1	1	2	—	—	—
With developmental cranial anomalies	2	1	3	—	—	—	1	—	1	1	—	1
With congenital cerebral spastic infantile paralyses	1	7	8	—	1	1	—	1	1	1	5	6
Post-infectious	2	2	4	—	—	—	—	—	—	2	—	2
Post-traumatic	1	1	2	—	—	—	—	—	—	1	1	2
Post-traumatic — natal	1	1	2	—	—	—	—	—	—	1	1	2
Post-traumatic — post-natal	3	3	6	—	—	—	1	—	1	2	1	3
With epilepsy — symptomatic	1	1	2	—	—	—	—	—	—	1	—	1
With epilepsy — idiopathic	1	1	2	—	—	—	—	—	—	1	1	2
With endocrine disorders	1	1	2	—	—	—	—	—	—	1	—	1
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—
With tuberculous scleritis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous diseases	31	32	63	4	9	13	16	16	32	11	7	18
Undifferentiated	10	14	24	1	1	2	3	2	5	6	11	17
Other forms	—	—	—	—	—	—	—	—	—	—	—	—
Total	92	86	178	13	19	32	41	31	72	38	86	74

TABLE 226. — *Times Out on Visit during THIS Admission, Patients Discharged from State Schools, 1934, by School and Sex*

STATE SCHOOLS	NUMBER OF TIMES OUT ON VISIT											
	TOTAL DISCHARGED		NONE		ONE		TWO		THREE		FOUR	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	12	24	36	1	9	10	1	2	3	1	7	8
Walter E. Fernald	50	20	70	10	6	16	1	1	2	5	6	11
Wrentham	30	42	72	5	8	13	3	2	5	4	6	10
Total	92	86	178	16	23	39	4	6	10	11	12	23

STATE SCHOOLS	TOTAL DISCHARGED		NONE		ONE		TWO		THREE		FOUR		FIVE		SIX		SEVEN		EIGHT		NINE		TEN		ELEVEN+						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
	12	24	36	1	9	10	1	2	3	—	4	4	—	4	1	—	1	—	—	1	—	1	—	2	1	3	1	1	2		
Belchertown	50	20	70	10	6	16	7	4	11	1	—	1	5	1	6	3	—	3	—	1	1	2	2	2	4	4	1	5	2	1	3
	30	42	72	5	8	13	10	9	19	3	2	5	2	5	7	4	6	10	4	4	8	—	3	3	—	2	2	—	1	1	2
	92	86	178	16	23	39	18	15	33	4	6	10	11	9	20	9	5	14	5	4	9	3	2	5	2	2	4	3	3	7	
Total																															

TABLE 228. — Length of School Residence during THIS Admission of Patients Discharged from State Schools, 1934, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES																												
	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-8 MONTHS			9-11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Familial	35	24	59	2	—	2	1	—	1	—	—	—	—	—	—	2	2	4	1	2	3	4	2	6	4	5	9	
Mongolism	5	2	7	4	1	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With developmental cranial anomalies	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With congenital cerebral spastic infantile paralyses	2	7	9	1	1	2	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	2	2	—	—	1	1	
Post-infectious	1	7	8	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Post-traumatic — natal	1	1	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Post-traumatic — post-natal	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With epilepsy — symptomatic	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With epilepsy — idiopathic	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With endocrine disorders	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other organic nervous diseases	31	32	63	3	1	4	1	—	1	—	3	3	6	—	1	1	6	1	4	5	—	5	2	7	2	2	4	
Undifferentiated	10	14	24	—	—	—	—	—	—	—	1	1	2	—	1	1	2	3	—	—	—	1	—	1	2	—	2	
Other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	92	86	178	12	4	16	4	—	4	—	4	4	8	—	2	2	9	6	15	2	7	9	10	6	16	8	8	16

CLINICAL DIAGNOSES																												
	5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40 YEARS AND OVER						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Familial	11	10	21	9	2	11	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Mongolism	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With developmental cranial anomalies	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
With congenital cerebral spastic infantile paralyses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Post-infectious	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Post-traumatic — natal	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Post-traumatic — post-natal	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With epilepsy — symptomatic	1	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With epilepsy — idiopathic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With endocrine disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other organic nervous disease	9	11	20	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Undifferentiated	3	5	8	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	25	32	57	14	9	23	1	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1

TABLE 229. — *Mental Status of Deaths in State Schools, 1934, by Age at Death and Sex*

AGE GROUPS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	7	3	10	2	1	3	4	1	5	1	—	1	—	1	1
5-9 years	5	5	10	3	1	4	2	4	6	—	—	—	—	—	—
10-14 years	9	2	11	3	1	4	4	1	5	1	—	1	1	—	—
15-19 years	5	6	11	2	2	4	2	3	5	1	—	1	1	1	1
20-24 years	2	4	6	2	1	3	—	—	—	—	—	—	—	—	—
25-29 years	1	12	13	1	3	4	—	3	3	—	4	4	—	2	2
30-34 years	3	3	6	3	1	4	—	1	1	—	1	1	—	—	—
35-39 years	2	1	3	—	—	—	2	—	—	—	1	1	—	—	—
40-44 years	2	3	5	—	1	1	2	—	2	—	2	2	—	—	—
45-49 years	1	3	4	1	3	4	—	—	—	—	—	—	—	—	—
50-54 years	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—
55-59 years	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
60 years and over	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
Total	40	44	84	18	16	34	17	16	33	4	8	12	1	4	5

TABLE 230. — *Clinical Diagnoses of Deaths in State Schools, 1934, by Age at Death and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	2	9	11	—	—	—	1	—	1	—	1	1	1	3	4	—	1	1	—	—	3
Mongolism	10	5	15	1	1	2	3	5	—	4	—	4	—	1	—	1	1	2	—	2	2
With developmental cranial anomalies	2	3	5	1	—	1	—	—	—	1	—	1	—	1	1	—	1	1	—	1	1
With congenital cerebral spastic infantile paralyses	4	3	7	1	—	1	—	1	—	1	—	1	—	1	1	—	1	1	—	—	—
Post-infectious	5	5	10	—	—	—	2	—	2	—	—	—	1	1	2	—	—	—	—	1	1
Post-traumatic	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	—	1	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	2	2	4	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
With epilepsy — idiopathic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With endocrine disorders	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undifferentiated	9	11	20	3	—	3	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—
Other forms	2	4	6	—	1	1	—	—	—	1	—	1	—	1	—	1	1	2	—	4	4
Total	40	44	84	7	3	10	5	5	10	9	2	11	5	6	11	2	4	6	1	12	13

TABLE 230. — *Clinical Diagnoses of Deaths in State Schools, 1934, by Age at Death and Sex* — Concluded

CLINICAL DIAGNOSES	30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS		50-54 YEARS		55-59 YEARS		60 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Familial	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolism	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With developmental cranial anomalies	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With congenital cerebral spastic infantile paralyses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-traumatic — natal	1	-	1	-	2	2	1	1	1	-	1	-	-	-
Post-traumatic — post-natal	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — symptomatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	1	-	1	-	1	1	1	-	-	-	-	-	-	-
With endocrine disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With familial amaurosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With tuberculous sclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undifferentiated	1	1	2	1	2	-	-	1	1	-	1	1	1	1
Other forms	-	2	2	-	-	-	-	-	-	-	-	-	1	-
Total	3	3	6	2	1	3	2	3	5	1	3	4	1	2

TABLE 231. — *Intelligence Quotient of Deaths in State Schools, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	I. Q. .0-.99		I. Q. .10-.19		I. Q. .20-.29		I. Q. .30-.39		I. Q. .40-.49		I. Q. .50-.59		I. Q. .60-.69		I. Q. .70-.79		I. Q. .80-.89		I. Q. .90 Plus	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Familial	2	9	11	-	1	1	2	2	2	3	-	-	-	-	-	-	-	-	-	-
Mongolism	10	5	15	-	4	2	6	1	7	-	-	-	-	-	-	-	-	-	-	-
With developmental cranial anomalies	2	3	5	-	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-
With congenital cerebral spastic infantile paralyses	4	3	7	-	3	2	5	1	1	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	5	5	10	-	1	1	3	1	1	1	1	1	1	1	-	-	-	-	-	-
Post-traumatic — natal	2	-	2	-	2	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Post-traumatic — post-natal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — symptomatic	2	1	4	-	1	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With endocrine disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With familial amaurosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With tuberculous sclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous disease	2	11	20	-	1	2	3	5	3	2	5	1	1	1	-	1	1	-	-	-
Undifferentiated	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other forms	2	4	6	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Total	40	44	84	1	6	7	15	9	24	12	7	19	4	4	8	4	6	10	-	1

TABLE 232. — *Length of School Residence during ALL Admissions, Deaths in State Schools, 1934, by Mental Status and Sex*

	LENGTH OF SCHOOL RESIDENCE										TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
											M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 2 months	2	4	6	2	2	4	—	2	2	2	—	—	—	—	—
3-5 months	3	3	6	1	1	2	1	2	3	—	—	—	—	1	1
6-8 months	2	1	3	—	—	—	2	1	3	—	—	—	—	—	—
9-11 months	3	1	4	2	1	3	1	—	1	—	—	—	—	—	—
1 year	4	4	8	2	1	3	2	2	4	—	—	—	—	1	1
2 years	2	4	6	—	1	2	2	—	2	—	—	—	—	2	2
3 years	—	3	3	—	2	1	1	—	1	—	—	—	—	—	—
4 years	—	1	3	—	1	2	—	—	1	—	—	—	—	—	—
5-9 years	2	5	7	3	3	6	4	—	4	1	1	2	—	—	—
10-14 years	9	5	14	3	3	6	—	2	2	2	2	3	1	—	1
15-19 years	3	6	9	3	2	5	—	4	2	2	2	2	—	—	—
20-24 years	3	8	11	3	3	6	1	4	5	—	—	—	—	—	—
25-29 years	3	3	6	2	1	3	1	1	2	1	1	1	—	—	—
30-34 years	2	1	3	1	—	1	1	—	1	—	—	—	—	—	—
35-39 years	2	—	2	1	—	1	1	—	—	—	—	—	—	—	—
40 years and over	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
Total	40	44	84	18	16	34	17	16	33	4	8	12	1	4	5

TABLE 233. — Causes of Death of Patients who Died in State Schools, 1924, by Mental Status and Sex

CAUSES OF DEATH	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Infectious and Parasitic Diseases:</i>															
Measles	3	1	4	—	1	1	3	—	3	—	—	—	—	—	—
Scarlet fever	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
Dysentery	—	2	2	—	1	1	—	1	1	—	—	—	—	—	—
Acute poliomyelitis	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
Tuberculosis of the respiratory system	6	17	23	3	3	6	3	6	9	6	6	6	2	2	2
Tuberculosis of other organs	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Disseminated tuberculosis	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
<i>Cancers and Other Tumors:</i>															
Cancer and other malignant tumors	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
<i>Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands, and other General Diseases:</i>															
Diabetes mellitus	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Other general diseases	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System and of the Organs of Special Sense:</i>															
Other diseases of the spinal cord	2	1	4	—	1	1	1	—	1	1	—	1	1	—	1
Cerebral hemorrhage	2	1	3	1	—	1	—	—	—	1	1	2	—	—	—
Epilepsy	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—
<i>Diseases of the Circulatory System:</i>															
Endocarditis	1	3	4	1	1	2	—	—	—	—	1	1	—	1	1
<i>Diseases of the Respiratory System:</i>															
Bronchopneumonia (including capillary bronchitis)	8	8	16	3	3	6	4	5	9	1	—	1	—	—	—
Lobar pneumonia	—	5	5	—	3	3	—	2	2	—	—	—	—	—	—
<i>Diseases of the Digestive System:</i>															
Diseases of the esophagus	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Diarrhea and enteritis	—	1	1	1	1	1	—	—	—	—	—	—	—	—	—
Other diseases of the liver	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
<i>Diseases of the Genito-Urinary System:</i>															
Nephritis	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Diseases of the prostate	2	—	2	1	—	1	1	—	1	—	—	—	—	—	—
<i>Congenital Malformations:</i>															
Congenital malformation (still-births not included)	5	2	7	3	—	3	2	1	3	—	—	—	—	1	1
<i>Violent and Accidental Deaths:</i>															
Accidental traumatism by fall, crushing, landslide	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
Total	40	44	84	18	16	34	17	16	33	4	8	12	1	4	5

TABLE 234. — Admission Age and Present Age of Patients Within State Schools on September 30, 1934, by School and Sex

AGE GROUPS	TOTAL — ALL SCHOOLS						BECHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	142	111	253	24	33	57	22	14	36	8	8	16
5-9 years	873	533	1,406	245	179	424	144	88	232	48	29	77
10-14 years	793	691	1,484	480	286	766	154	174	328	89	74	163
15-19 years	346	590	936	510	479	989	103	217	320	137	175	312
20-24 years	108	299	407	387	433	820	60	97	157	100	142	242
25-29 years	48	143	191	249	370	619	27	61	88	52	106	158
30-34 years	22	94	116	161	263	424	12	34	46	49	79	128
35-39 years	21	52	73	105	197	302	8	25	33	26	53	79
40-44 years	10	23	33	86	127	213	5	15	20	14	30	44
45-49 years	6	12	18	47	97	144	5	8	13	4	21	25
50-54 years	3	8	11	43	45	88	1	5	6	8	10	18
55-59 years	3	2	5	23	27	50	2	2	4	4	6	10
60-64 years	—	—	—	14	14	28	—	—	—	3	5	8
65-69 years	—	—	—	1	4	5	—	—	—	1	2	3
70 years and over	—	—	—	—	4	4	—	—	—	—	—	—
Total	2,375	2,558	4,933	2,375	2,558	4,933	543	740	1,283	543	740	1,283
Average Age	12.33	16.06	14.27	21.88	25.26	23.63	15.25	18.89	17.35	21.79	24.98	23.63

TABLE 234. — Admission Age and Present Age of Patients Within State Schools, September 30, 1934, by School and Sex — Concluded

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	33	25	58	—	3	3	87	72	159	16	22	38
5-9 years	389	206	595	51	66	117	340	239	579	146	84	230
10-14 years	416	210	626	208	83	291	223	307	530	183	129	312
15-19 years	142	151	293	219	133	352	101	222	323	184	171	355
20-24 years	30	95	125	164	116	280	18	107	125	123	175	298
25-29 years	14	42	56	113	96	209	7	40	47	84	168	252
30-34 years	8	34	42	72	64	136	2	26	28	40	120	160
35-39 years	10	11	21	62	64	126	3	16	19	17	80	97
40-44 years	2	5	7	60	50	110	3	3	6	12	47	59
45-49 years	1	2	3	39	50	89	—	2	2	4	26	30
50-54 years	2	1	3	31	25	56	1	2	2	2	10	14
55-59 years	—	—	—	17	18	35	1	—	1	2	3	5
60-64 years	—	—	—	11	8	19	—	—	—	—	1	1
65-69 years	—	—	—	—	2	2	—	—	—	—	—	—
70 years and over	—	—	—	—	4	4	—	—	—	—	—	—
Total	1,047	782	1,829	1,047	782	1,829	785	1,036	1,821	785	1,036	1,821
Average Age	12.08	15.43	13.51	24.80	27.33	25.88	10.66	14.83	13.03	18.05	21.24	19.87

TABLE 235. — Admission Age and Present Age of Patients Out (Visit, Parole, etc.) of State Schools on September 30, 1934 by School and Sex

AGE GROUPS	TOTAL — ALL SCHOOLS						BELCHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	3	1	4	1	1	2	7	2	9	1	—	—
5-9 years	55	17	72	8	7	15	18	10	28	2	—	3
10-14 years	97	67	164	17	5	22	22	22	44	9	1	13
15-19 years	60	91	151	45	22	67	3	11	14	22	4	38
20-24 years	6	49	55	80	52	132	—	—	5	11	16	24
25-29 years	3	10	13	45	51	96	—	6	6	5	11	16
30-34 years	—	8	8	20	45	65	—	2	2	1	7	8
35-39 years	2	4	6	5	35	40	—	1	1	—	4	4
40-44 years	—	3	3	—	20	20	—	—	—	—	1	1
45-49 years	—	—	—	4	8	12	—	—	—	—	—	—
50-54 years	—	—	—	—	2	2	—	—	—	—	—	—
55-59 years	—	1	1	—	1	1	—	—	—	—	—	—
60-64 years	—	—	—	1	1	2	—	—	—	—	—	—
65 years and over	—	—	—	—	1	1	—	—	—	—	—	—
Total	226	251	477	226	251	477	50	59	109	50	59	109
Average Age	12.87	18.06	15.60	22.96	29.37	26.34	14.60	20.72	17.91	23.60	29.44	26.76

TABLE 235. — Admission Age and Present Age of Patients Out (Visit, Parole, etc.) of State Schools on September 30, 1934,
by School and Sex — Concluded

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1	—	1	—	—	—	2	1	3	1	1	2
5-9 years	22	2	24	1	1	2	26	13	39	7	6	13
10-14 years	33	20	53	2	2	4	46	37	83	13	2	15
15-19 years	12	19	31	21	5	26	26	50	76	15	13	28
20-24 years	—	14	14	30	11	41	3	24	27	28	25	53
25-29 years	2	3	5	11	13	24	1	2	3	23	25	48
30-34 years	—	—	—	1	9	10	—	2	2	14	25	39
35-39 years	2	1	3	2	4	6	—	1	1	2	24	26
40-44 years	—	2	2	3	7	7	—	—	—	—	9	9
45-49 years	—	—	—	—	6	9	—	—	—	1	—	1
50-54 years	—	—	—	—	1	1	—	—	—	—	—	—
55-59 years	—	—	—	—	1	1	—	1	1	—	—	—
60-64 years	—	—	—	1	—	1	—	—	—	—	1	1
65 years and over	—	—	—	—	1	1	—	—	—	—	—	—
Total	72	61	133	72	61	133	104	131	235	104	131	235
Average Age	12.79	18.31	15.32	23.47	31.59	27.19	12.75	16.74	14.98	22.31	28.30	25.65

TABLE 237. — *Population of Place of Residence, Patients Within State Schools on September 30, 1934, by Mental Status and Sex*

MENTAL STATUS	TOTAL		0-2,499		2,500-9,999		10,000-24,999		25,000-49,999		50,000-99,999		100,000-249,999		250,000-499,999		500,000 PLUS		UNKNOWN
	M.	F.	T.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	388	311	699		44	29	73	58	37	95	32	31	63	109	67	176	83	87	170
Imbecile	985	993	1,978		126	124	250	149	142	291	114	117	231	203	212	415	232	247	479
Moron	925	1,178	2,103		72	91	163	130	196	326	157	204	361	197	278	475	187	199	386
Not Mentally Defective	77	76	153		9	1	10	20	16	36	5	10	15	11	6	17	13	16	29
Total	2,375	2,558	4,933		162	173	335	320	365	685	369	393	762	522	578	1,100	515	549	1,064

TABLE 238. — *Length of School Residence during This Admission of Patients Within State Schools on September 30, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-8 MONTHS			9-11 MONTHS			1 YEAR			2 YEARS			3 YEARS			4 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial Mongolism	640	941	1,581	8	10	18	13	13	26	14	16	30	17	27	44	61	53	114	31	68	99	54	89	143	51	87	138
With developmental cranial anomalies	99	106	205	6	7	13	4	9	13	—	1	1	5	9	14	11	17	28	3	3	6	8	10	18	6	9	15
With congenital cerebral spastic infantile paralyses	64	45	109	7	6	13	4	1	5	—	—	—	4	5	9	4	5	9	1	—	1	3	5	8	4	4	8
Post-infectious	90	87	177	6	—	6	1	1	2	—	2	2	1	4	5	7	8	15	2	3	5	4	5	9	—	3	6
Post-traumatic — natal	121	128	249	2	4	6	3	4	7	2	3	5	4	6	10	5	10	15	13	18	31	6	8	14	8	15	
Post-traumatic, post-natal	64	41	105	3	—	3	4	1	5	1	1	2	1	1	2	3	6	5	11	4	3	7	4	1	2	1	
With epilepsy — symptomatic	12	17	29	3	—	3	—	—	—	—	—	—	—	1	1	2	2	1	3	—	—	2	2	4	1	1	
With epilepsy — idiopathic	5	18	23	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	—	1	1	1	1	1	1	1	
With endocrine disorders	55	57	112	2	3	5	—	1	1	3	1	4	1	1	1	4	3	7	2	3	5	7	5	12	4	2	
With familial amaurosis	24	38	62	1	5	6	—	—	—	1	1	2	1	6	7	4	5	9	—	2	2	1	1	1	—	2	
With tuberculous sclerosis	9	4	13	—	—	—	—	—	—	—	1	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—	
With other organic nervous disease	3	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Undifferentiated	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	2	—	—	—	1	—	
Other forms	1,025	911	1,936	34	28	62	11	17	28	14	10	24	17	17	34	93	79	172	61	64	125	75	73	148	49	67	
Total	159	162	321	4	3	7	2	2	4	2	3	5	1	5	6	15	15	30	7	7	2	3	6	9	3	6	
Total	2,375	2,558	4,933	77	66	143	42	49	91	37	39	76	55	82	137	214	201	415	126	167	293	167	207	374	132	156	318

TABLE 239. — Length of School Residence during This Admission, Patients Within State Schools on September 30, 1934, by Intelligence Quotient and Sex — Concluded

INTELLIGENCE QUOTIENT	5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40 YEARS AND OVER		
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.	M.		F.	T.		
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.				
.0-99	31	12	43	43	29	72	10	20	30	10	6	16	3	8	11	1	1	2	7	4	2	1	3	
.10-19	53	44	97	55	44	99	22	19	41	17	10	27	10	6	16	4	3	16	5	2	4	2	6	
.20-29	75	67	142	61	48	109	29	25	54	17	21	38	21	8	29	12	4	16	2	3	4	2	5	
.30-39	67	62	129	73	69	142	38	27	65	18	28	46	19	5	24	8	3	11	8	2	5	11	16	
.40-49	108	108	216	103	88	191	46	40	86	31	48	79	26	13	39	6	8	14	10	5	7	9	11	
.50-59	121	102	223	79	123	202	26	47	73	11	32	43	19	9	18	3	1	4	2	1	4	2	6	
.60-69	78	84	162	39	84	123	13	30	43	6	20	26	2	5	17	1	1	4	2	1	1	2	—	
.70-79	29	25	54	16	50	66	8	4	12	2	2	6	2	1	1	—	—	—	—	—	—	—	—	
.80-89	5	5	10	2	9	11	1	3	4	—	—	1	—	2	2	—	—	—	—	—	—	—	—	
.90 and over	1	1	2	1	—	1	—	—	2	—	—	1	1	—	1	—	1	—	—	—	—	—	—	
Total	568	510	1,078	472	544	1,016	193	217	410	112	173	285	91	57	148	35	22	57	28	17	45	26	21	47

TABLE 240. — Color in Cases in Residence in State Schools on September 30, 1934, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK ¹			MULATTO ²			YELLOW ³			OTHERS ⁴		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	640	941	1,581	624	919	1,543		9	13	22	5	8	13			2	1	3
Mongolism	99	106	205	97	106	203		2	2									
With developmental cranial anomalies	64	45	109	64	45	109												
With congenital cerebral spastic infantile paralyzes	90	87	177	88	86	174		2	1	3								
Post-infectious	121	128	249	119	124	243		2	3	5								
Post-traumatic — natal	64	52	116	64	52	116						1	1					
Post-traumatic — post-natal	12	15	27	12	13	25			2	2								
With epilepsy — symptomatic	55	14	69	54	14	68												
With epilepsy — idiopathic	55	52	107	54	50	104		1	1	2			1					
With endocrine disorders	24	39	63	24	39	63												
With familial amaurosis	9	3	12	9	3	12												
With tuberous sclerosis	3	—	3	3	—	3												
With other organic nervous disease	5	3	8	5	3	8												
Undifferentiated	1,025	911	1,936	993	886	1,879		22	14	36			10	10	20		1	1
Other forms	159	162	321	156	159	315		2	2	4			1	1	2			
Total	2,375	2,558	4,933	2,317	2,499	4,816		40	36	76			16	21	37		2	2

¹Includes African black.²Includes part black or mulatto (African).³Includes Chinese and Japanese.⁴Includes Portuguese and all others.

TABLE 241. — *Color in Cases Out (Visib, Parole, etc.) of State Schools, on September 30, 1934, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK ¹			MULATTO ²		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	73	109	182	69	104	173	2	2	4	2	3	5
Monolism	3	3	6	2	3	5	—	—	—	1	—	1
With developmental cranial anomalies	2	2	4	2	2	4	—	—	—	—	—	—
With congenital cere-bral spastic infantile paralyses	3	1	4	3	1	4	—	—	—	—	—	—
Post-infectious	4	9	13	4	9	13	—	—	—	—	—	—
Post-traumatic — natal	5	1	6	5	1	6	—	—	—	—	—	—
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	1	3	4	1	3	4	—	—	—	—	—	—
With epilepsy — idiopathic	2	—	2	2	—	2	—	—	—	—	—	—
With endocrine disorders	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	119	115	234	111	105	216	4	7	11	4	3	7
Undifferentiated	14	8	22	14	8	22	—	—	—	—	—	—
Other forms	—	—	—	—	—	—	—	—	—	—	—	—
Total	226	251	477	213	236	449	6	9	15	7	6	13

¹Includes African black.²Includes part black or mulatto (African).
NOTE: — There were no cases recorded under "Yellow" or "Others".

TABLE 242. — *City or Town and County of Residence of Patients within State Schools on September 30, 1934, by Sex*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Barnstable</i>				Lawrence	33	37	70
Barnstable	7	4	11	Lynn	39	41	80
Bourne	2	—	2	Lynnfield	4	—	4
Chatham	—	2	2	Manchester	1	1	2
Dennis	2	3	5	Marblehead	4	3	7
Eastham	1	—	1	Merrimac	1	2	3
Falmouth	1	5	6	Methuen	11	12	23
Harwich	3	3	6	Middleton	1	—	1
Mashpee	1	—	1	Nahant	1	—	1
Orleans	—	1	1	Newbury	1	2	3
Provincetown	1	3	4	Newburyport	8	11	19
Sandwich	—	8	8	North Andover	—	5	5
Wellfleet	1	1	2	Peabody	11	5	16
Yarmouth	1	1	2	Rockport	2	1	3
Total	20	31	51	Rowley	—	2	2
<i>Berkshire</i>				Salem	21	22	43
Adams	9	6	15	Salisbury	1	2	3
Becket	1	—	1	Saugus	14	18	32
Cheshire	—	2	2	Swampscott	2	1	3
Dalton	3	4	7	Topsfield	2	—	2
Great Barrington	2	8	10	Total	233	242	475
Hinsdale	1	1	2	<i>Franklin</i>			
Lanesborough	—	2	2	Ashfield	3	2	5
Lee	6	9	15	Barnardston	2	—	2
Lenox	—	2	2	Buckland	3	1	4
North Adams	11	14	25	Charlemont	2	—	2
Peru	1	—	1	Colrain	1	1	2
Pittsfield	21	26	47	Conway	—	1	1
Richmond	1	1	2	Deerfield	3	1	4
Sandisfield	—	2	2	Erving	—	2	2
Sheffield	2	6	8	Gill	—	2	2
Stockbridge	1	2	3	Greenfield	13	9	22
Washington	—	1	1	Heath	—	1	1
West Stockbridge	—	3	3	Leverett	3	4	7
Windsor	2	—	2	Montague	3	10	13
Total	61	89	150	New Salem	1	1	2
<i>Bristol</i>				Northfield	5	2	7
Acushnet	5	2	7	Orange	5	4	9
Attleboro	11	8	19	Rowe	2	1	3
Berkley	1	2	3	Shelburne	2	5	7
Dartmouth	1	3	4	Shutesbury	1	—	1
Dighton	3	1	4	Sunderland	1	1	2
Easton	5	4	9	Wendell	—	2	2
Fairhaven	7	6	13	Whately	1	2	3
Fall River	57	57	114	Total	51	52	103
Freetown	4	—	4	<i>Hampden</i>			
Mansfield	6	2	8	Agawam	3	2	5
New Bedford	45	56	101	Brimfield	2	—	2
North Attleborough	11	3	14	Chester	5	—	5
Norton	6	1	7	Chicopee	19	15	34
Raynham	—	2	2	East Longmeadow	1	3	4
Rehoboth	2	3	5	Hampden	2	—	2
Seekonk	1	—	1	Holyoke	36	45	81
Somerset	—	1	1	Ludlow	3	5	8
Swansea	1	—	1	Monson	2	5	7
Taunton	13	16	29	Montgomery	8	10	18
Westport	—	3	3	Palmer	5	6	11
Total	179	170	349	Russell	6	4	10
<i>Dukes</i>				Southwick	2	2	4
Oak Bluffs	1	1	2	Springfield	82	77	159
Tisbury	—	2	2	Wales	2	2	4
Total	1	3	4	Westfield	18	19	37
<i>Essex</i>				West Springfield	12	9	21
Amesbury	10	5	15	Wilbraham	2	1	3
Andover	6	5	11	Total	210	205	415
Beverly	9	8	17	<i>Hampshire</i>			
Boxford	—	2	2	Amherst	4	9	13
Danvers	4	6	10	Belchertown	6	16	22
Georgetown	1	1	2	Chesterfield	—	1	1
Gloucester	14	15	29	Cummington	—	3	3
Groveland	1	1	2	Easthampton	6	13	19
Haverhill	28	33	61	Enfield	2	2	4
Ipswich	3	1	4	Goshen	—	1	1
				Granby	1	1	2
				Greenwich	1	—	1

TABLE 242. — *City or Town and County of Residence of Patients within State Schools on September 30, 1934, by Sex — Continued*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Hadley	2	2	4	<i>Norfolk</i>			
Huntington	4	3	7	Bellingham	—	1	1
Middlefield	1	1	2	Braintree	9	7	16
Northampton	8	9	17	Brookline	6	7	13
Pelham	2	—	1	Canton	7	2	9
Plainfield	2	1	3	Cohasset	2	3	5
Prescott	—	1	1	Dedham	9	9	18
South Hadley	7	3	10	Dover	1	—	1
Ware	5	1	6	Foxborough	2	5	7
Westhampton	—	1	1	Franklin	5	1	6
Williamsburg	—	4	4	Holbrook	3	2	5
Worthington	—	3	3	Medfield	1	1	2
Total	50	75	125	Medway	—	3	3
<i>Middlesex</i>				Millis	—	1	1
Acton	—	1	1	Milton	7	3	10
Arlington	17	9	26	Needham	4	3	7
Ashby	—	1	1	Norfolk	1	—	1
Ashland	6	1	7	Norwood	10	8	18
Ayer	2	—	2	Plainville	1	—	1
Bedford	1	2	3	Quincy	29	23	52
Belmont	8	10	18	Randolph	2	2	4
Billerica	5	2	7	Sharon	3	3	6
Boxborough	1	—	1	Stoughton	9	6	15
Cambridge	68	127	195	Walpole	5	8	13
Carlisle	1	—	1	Wellesley	8	28	36
Chelmsford	5	7	12	Westwood	1	3	4
Concord	4	2	6	Weymouth	8	8	16
Dracut	4	3	7	Wrentham	4	2	6
Dunstable	1	—	1	Total	137	139	276
Everett	21	26	47	<i>Plymouth</i>			
Framingham	5	22	27	Abington	2	8	10
Groton	1	1	2	Bridgewater	1	3	4
Holliston	5	1	6	Brockton	22	35	57
Hopkinton	2	5	7	Carver	—	2	2
Hudson	8	2	10	Duxbury	1	1	2
Lexington	3	5	8	East Bridgewater	—	3	3
Littleton	3	—	3	Halifax	—	2	2
Lowell	55	58	113	Hanover	—	1	1
Malden	27	28	55	Hanson	1	1	2
Marlborough	10	5	15	Hingham	3	3	6
Maynard	—	3	3	Hull	2	—	2
Medford	19	28	47	Kingston	3	2	5
Melrose	5	8	13	Marion	—	2	2
Natick	4	3	7	Marshfield	—	2	2
Newton	28	30	58	Mattapoisett	—	2	2
North Reading	2	—	2	Middleborough	4	2	6
Pepperell	2	2	4	Norwell	1	—	1
Reading	5	25	30	Pembroke	2	—	2
Sherborn	—	1	1	Plymouth	4	7	11
Shirley	—	1	1	Plympton	1	1	2
Somerville	69	43	112	Rockland	3	4	7
Stoneham	3	6	9	Scituate	1	2	3
Sudbury	—	2	2	Wareham	3	5	8
Tewksbury	30	37	67	West Bridgewater	1	1	2
Townsend	1	1	2	Whitman	4	3	7
Tyngsborough	1	—	1	Total	59	92	151
Wakefield	7	8	15	<i>Suffolk</i>			
Waltham	72	34	106	Boston	512	545	1,057
Watertown	6	10	16	Chelsea	21	25	46
Wayland	1	2	3	Revere	15	18	33
Westford	3	6	9	Winthrop	7	13	20
Wilmington	3	1	4	Total	555	601	1,156
Winchester	5	2	7	<i>Worcester</i>			
Woburn	15	8	23	Ashburnham	2	3	5
Total	544	579	1,123	Athol	10	11	21
<i>Nantucket</i>				Auburn	—	1	1
Nantucket	—	3	3	Barre	1	—	1
Total	—	3	3	Blackstone	—	2	2

TABLE 242. — *City or Town and County of Residence, of Patients within State Schools on September 30, 1934, by Sex — Concluded*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Worcester (cont.)</i>				Petersham	2	1	3
Bolton	1	—	1	Phillipston	1	2	3
Boylston	1	2	3	Royalston	2	—	2
Brookfield	4	1	5	Shrewsbury	3	2	5
Charlton	3	1	4	Southborough	1	—	1
Clinton	—	3	3	Southbridge	10	8	18
Dana	1	—	1	Spencer	3	2	5
Douglas	1	3	4	Sterling	1	1	2
Dudley	2	—	2	Sturbridge	1	1	2
East Brookfield	—	1	1	Sutton	2	2	4
Fitchburg	13	21	34	Templeton	4	4	8
Gardner	10	15	25	Upton	3	6	9
Grafton	2	—	2	Uxbridge	1	1	2
Hardwick	3	1	4	Warren	2	4	6
Harvard	—	1	1	Webster	5	7	12
Holden	2	1	3	Westborough	7	1	8
Hopedale	2	1	3	West Boylston	2	—	2
Hubbardston	2	—	2	West Brookfield	1	1	2
Lancaster	—	2	2	Westminster	—	2	2
Leicester	4	2	6	Winchendon	6	9	15
Leominster	6	9	15	Worcester	105	108	213
Lunenburg	2	2	4				
Mendon	1	—	1	Total	263	267	530
Milford	12	8	20				
Milbury	2	2	4	Non-residents	12	10	22
Millville	1	—	1				
Northborough	2	6	8	Grand Total	2,375	2,558	4,933
Northbridge	3	2	5				
North Brookfield	4	3	7				
Oxford	4	1	5				

TABLE 243. — *Clinical Diagnoses of Admissions, Discharges and Deaths during 1934, Resident Population and Patients Out of State Schools on September 30, 1934, by Sex*

CLINICAL DIAGNOSES	ALL ADMISSIONS ¹			ALL DISCHARGES ¹			ALL DEATHS			ALL CASES IN RESIDENCE			ALL PATIENTS OUT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	50	65	115	35	24	59	2	9	11	640	941	1,581	73	109	182
Mongolism	21	29	50	5	2	7	10	5	15	99	106	205	3	3	6
With developmental cranial anomalies	16	15	31	1	1	2	2	3	5	64	45	109	2	2	4
With congenital cerebral spastic infantile paralyses	9	8	17	2	1	3	4	3	7	90	87	177	3	1	4
Post-infectious	11	17	28	1	7	8	5	5	10	121	128	249	4	9	13
Post-traumatic — natal	12	3	15	2	2	4	2	2	2	64	52	116	5	1	6
Post-traumatic — post-natal	4	1	5	1	1	2	2	2	2	12	15	27	—	—	—
With epilepsy — symptomatic	—	1	1	—	3	3	—	1	1	5	14	19	—	—	—
With epilepsy — idiopathic	6	6	12	3	1	4	2	2	4	55	52	107	1	3	4
With endocrine disorders	4	13	17	1	1	2	—	1	1	24	39	63	2	—	2
With familial amaurosis	1	2	3	—	—	—	—	—	—	9	3	12	—	—	—
With tuberculous sclerosis	1	—	1	—	—	—	—	—	—	3	—	3	—	—	—
With other organic nervous disease	—	—	—	—	—	—	2	—	2	5	3	8	—	—	—
Undifferentiated	80	70	150	31	32	63	9	11	20	1,025	911	1,936	119	115	234
Other forms	12	15	27	10	14	24	2	4	6	159	162	321	14	8	22
Total	227	244	471	92	86	178	40	44	84	2,375	2,558	4,933	226	251	477

¹Transfers not included.

TABLE 244. — *Feeble-minded Cases under Care and Under Treatment during 1934, by Mental Status, Age and Sex: Discharge Rates per Thousand under Care and Death Rates per Thousand under Treatment*

MENTAL STATUS	AGE DISTRIBUTION																	
	TOTAL		0-9 Years		10-19 Years		20-29 Years		30-39 Years		40-49 Years		50-59 Years		60 Years and Over			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot:	388	311	699	54	43	97	173	101	274	96	90	186	39	43	82	17	24	41
	8	3	11	1	2	3	5	—	5	2	—	2	—	—	—	9	7	16
	9	6	15	4	—	4	2	2	4	1	4	5	1	—	—	—	—	—
	18	16	34	5	2	7	5	3	8	3	4	7	3	1	4	1	4	5
5. Total under Care	423	336	759	64	47	111	185	106	291	102	98	200	43	44	87	19	29	48
6. Total under Treatment	415	333	748	63	45	108	180	106	286	100	98	198	43	44	87	19	28	47
7. Discharge Rates per 1,000 under Care	21	18	20	63	—	36	11	19	14	10	41	25	23	—	11	53	—	21
8. Death Rates per 1,000 under Treatment	43	48	45	79	44	65	28	28	28	30	41	35	70	23	46	53	143	106
Imbecile:	985	993	1,978	96	90	186	310	277	587	280	274	554	154	180	334	87	109	196
	50	38	88	3	3	6	17	9	26	18	16	34	9	9	18	2	—	2
	17	14	31	3	3	6	5	1	6	6	8	14	—	2	2	3	—	3
	17	16	33	6	5	11	6	4	10	—	6	6	2	1	3	2	—	2
5. Total under Care	1,069	1,061	2,130	108	101	209	338	291	629	304	304	608	165	192	357	94	109	230
6. Total under Treatment	1,019	1,023	2,042	105	98	203	321	282	603	286	288	574	156	183	339	92	109	201
7. Discharge Rates per 1,000 under Care	16	13	15	28	30	29	15	3	10	20	26	23	—	10	6	32	—	15
8. Death Rates per 1,000 under Treatment	17	16	16	57	51	54	19	14	17	—	21	10	13	5	9	22	—	10
Moron:	925	1,178	2,103	97	74	171	473	364	837	247	413	660	67	222	289	28	85	113
	146	174	320	2	1	3	37	18	55	91	68	159	14	62	76	2	21	23
	51	46	97	—	3	3	27	15	42	20	21	41	3	5	8	—	2	2
	4	8	12	1	—	1	2	—	2	—	4	4	—	2	2	—	2	2
5. Total under Care	1,126	1,406	2,532	100	78	178	539	397	936	358	506	864	84	291	375	30	110	140
6. Total under Treatment	980	1,232	2,212	98	77	175	502	379	881	267	438	705	70	229	299	28	89	117
7. Discharge Rates per 1,000 under Care	45	33	38	—	38	17	50	38	45	56	42	47	36	17	21	—	18	14
8. Death Rates per 1,000 under Treatment	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	125	—	37

DIRECTORY OF INSTITUTIONS

November 30, 1934

1. Public Institutions:

- (a) Hospitals for Mental Diseases.
- (b) State Schools for Mental Defectives.

2. Private Institutions:

- (a) For Mental and Nervous Diseases.
- (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants.
- (c) For Mental Defectives.
- (d) For Epileptics.

PUBLIC INSTITUTIONS

HOSPITALS FOR MENTAL DISEASES

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—

Trustees: William Healy, M. D., Boston, chairman; Channing Frothingham, Jr., M.D., Boston; Carrie I. Felch, M.D., Boston; Allan W. Rowe, Ph.D., Boston; Mrs. Esther M. Andrews, Brookline; Mr. Charles F. Rowley, Boston; Hon. William J. Sullivan, South Boston.

Trustees' meeting: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M.D.

Chief Executive Officer: Clifford D. Moore, M.D.

Senior Physicians: John P. Powers, M.D.; Harry C. Solomon, M.D.; Oscar J. Raeder, M.D.; Joseph W. Owen, M.D.; William L. Holt, M.D.; Frank C. D'Elseaux, M.D.; Whitman K. Coffin, M.D.

Assistant Physicians: Grosvenor B. Pearson, M.D.; Paul Haun, M.D.; Dorothy Harpham, M.D.; Herbert J. DeShon, M.D.; William F. Green, M.D.; Mary Palmer, M.D.; Irma Bache, M.D.

Internes: Paul M. Howard, M.D.; Harry M. Salzer, M.D.

Dentist: Peter J. Dalton.

Head Social Worker: Esther C. Cook, B.A.

Head Occupational Therapist: Alice E. Waite.

Principal of School of Nursing: Mary Fitzgerald.

Principal Bookkeeper and Treasurer: Anna F. Caulfield.

Staff Meetings: Every day, except Saturday.

Visiting days: Every day, 2 to 4 P.M. and 6 to 7 P.M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M.D., Lynn; Mrs. Edna W. Dreyfus, Brookline; Albert Evans, M.D., Boston; John A. Kiggen, Hyde Park; Leopold M. Goulston, Boston.

Regular meetings: Third Monday of each month.

Superintendent: James V. May, M.D.

Assistant Superintendent: Gerald F. Houser, M.D.

Senior Physicians: Mary Gill Noble, M.D.; Edmund M. Pease, M.D.; Geneva Tryon, M.D.; Frederick LeDrew, M.D.; Winthrop B. Osgood, M.D.; Purcell G. Schube, M.D.; Margaret C. McManamy, M.D.

Assistant Physicians: Lillian D. Chapman, M.D.; Sirkka E. Vuornos, M.D.; Carl E. Trapp, M.D.; Harold F. Norton, M.D.; Benjamin Margulois, M.D.; Florence A. Beaulieu, M.D.; Alberta S. B. Guibord, M.D. (School Clinic).

Pathologist: Naomi Raskin, M.D.

Dentist: George S. Raleigh, D.M.D.

Steward: S. Henry Franks.

Treasurer: Rose J. Covino.

Visiting days: 2 to 4 P.M. daily.

Staff meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street, Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, Dorchester; Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895):—

Post Office, State Farm. Railroad Station, South Bridgewater (New York, New Haven & Hartford).

Supervision of Department of Correction: Arthur T. Lyman, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Joseph Lewis, M.D.

Visiting Days: For relatives or friends of patients, every day; for general public, every day with the exception of Sundays and holidays.

Staff Meetings: Two or three times a week at 9:30 A.M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878):—

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M.D., Newburyport; William W. Laws, Beverly; Anna P. Marsh, Danvers; Annie T. Flagg, Andover.

Regular meetings: Second Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Senior Physicians: Salomon Gagnon, M.D.; William Charles Inman, M.D.

Assistant Physicians: Velma H. Atkinson, M.D.; Doris M. Sidwell, M.D.; Lois E. Taylor, M.D.; Leo Maletz, M.D.; Salvador Jacobs, M.D.; Melvin Goodman, M.D.

Pathologist: Charles C. Joyce, M.D.

Resident Dentist: George W. Wheeler, D.M.D.

Treasurer: Miss Hulda Aronson.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff Meeting: Daily, except Sundays and holidays, at 8:30 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893). Devoted exclusively to the care of the insane since June 1, 1914):—

Trustees: Charles A. Littlefield, Lynn, chairman; Bennet B. Bristol, Foxborough, secretary; Mrs. Claire H. Gurney, Wollaston; Thomas J. Scanlan, M.D., Boston; William H. Bannon, Foxborough; Horace A. Keith, Brockton; Miss Jeannette C. Chisholm, Waltham.

Regular meeting: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: William C. Gaebler, M.D.

Senior Physicians: Gaylord P. Coon, M.D.; Rupert A. Chittick, M.D.; David Rothschild, M.D. (Pathologist).

Assistant Physicians: Anna L. Clark, M.D.; Morris L. Sharp, M.D.; Agnes Aznive Nersession, M.D.

Dentist: Edward E. Small, D.M.D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visiting days: Every day from 9 to 11 A.M. and 2 to 4 P.M.

Staff Meetings: Daily, except Sundays and holidays at 8:30 A.M.

Location: One mile north of Foxborough Center.

GARDNER STATE COLONY (opened 1902):—

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Frederick A. Washburn, M.D., Boston, chairman; Miss Grace Nichols, Boston, secretary; Owen A. Hoban, Gardner; George A. Marshall, Fitchburg; Prof. Richard T. Fisher, Weston; Fred N. Dillon, Fitchburg; Mrs. Grace A. Brooks, Athol.

Regular Meetings: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M.D.

Assistant Superintendent: Frederick P. Moore, M.D.

Senior Physicians: Harold K. Marshall, M.D.; William A. Hunter, M.D.

Assistant Physicians: Earl D. Dorris, M.D.; Lee W. Darrah, M.D.; Paul H.

Wilcox, M.D.; Janet S. Barnes, M.D.

Dentist: J. Herbert Maycock, D.D.S.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff Meetings: Daily 8-9 A.M.

Location: East Gardner, two minutes' walk from East Gardner Railroad Station. Off route 2 at Westminster and three miles from Gardner.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877):—

Trustees: Frank B. Hall, Worcester, chairman; Flora M. Cangiano, Hingham, secretary; Ernest L. Anderson, Worcester; Winslow P. Burhoe, Reading; Enos H. Bigelow, M.D., Framingham; Charles D. Bourcier, Grafton; Rose Herbert, Worcester.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: Bardwell H. Flower, M.D.

Senior Physicians: H. Wilbur Smith, M.D.; James L. McAuslan, M.D.

Assistant Physicians: Mary Johnson, M.D.; Anna C. Wellington, M.D.; Max Pearlstein, M.D.; Benjamin Cohen, M.D.

Treasurer: Susie G. Warren.

Steward: Roy S. Shipman.

Dentist: George O. Tessier, D.M.D.

Visiting days: Every day.

Visiting hours: 9:30 to 11:00 A.M.; 1:00 to 4:00 P.M.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough station, North Grafton. It is about eight miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton stations of the Boston & Albany railroad.

Correspondence relating to patients at the Grafton State Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896):—

Post Office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).

Trustees: George O. Clark, M.D., Boston, chairman; Christian Lantz, Salem, secretary; Eugene M. Carman, Somerville; Danforth Comins, Concord; Mrs. Louise Williams, Taunton; Walter Channing, Dover; Mrs. Eva Watson, Boston.

Regular meetings: Second Friday of each month.

Superintendent: Earl K. Holt, M.D.

Assistant Superintendent: G. Allen Troxell, M.D.

Senior Physicians: George E. Poor, M.D.; Vicente A. Navarro, M.D.; John J. Slatery, M.D.

Assistant Physicians: William E. McLellan, M.D.; Erel L. Guidone, M.D.; Grace T. Cragg, M.D.; Frank S. Broggi, M.D.

Dentist: Elton V. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Pascal A. Cantoreggi.

Visiting days every day.

Staff Meetings: Daily, except Sundays and holidays, at 8:30 A.M.

Location: Hospital Road, one mile from Medfield Junction Railroad Station.

METROPOLITAN STATE HOSPITAL (opened October 29, 1930):—

Post Office, Waltham, Massachusetts.

Railroad Station: Waverley, Massachusetts.

Trustees: Henry S. Rowen, M.D., Brighton, chairman; Miss Anna M. Manion Waltham, secretary; Erwin C. Miller, M.D., Worcester; Reverend John R. McCool, East Boston; Mrs. Helen Russell, Cambridge; Richard J. Dunn, Esq., Newton; Gilbert Horrax, M.D., Brookline.

Superintendent: Roy D. Halloran, M. D.

Assistant Superintendent: Clifford D. Moore, M.D., resigned September 15 1934 to become Chief Executive Officer of the Boston Psychopathic Hospital. Vacancy since September 15, 1934.

Senior Physicians: Philip F. Hilton, M.D.; Malcolm J. Farrell, M.D.

Assistant Physicians: William Corwin, M.D.; Clementine McKeon, M.D.

Resident Dentist: John M. O'Connor.

Treasurer: Cora E. Norris.

Steward: Howard R. Carley.

Visiting days: Every day.

Staff Meetings: Tuesdays and Thursdays — 10:30 A.M.

Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and Southern Division, Boston & Maine) or Boston Elevated from Harvard Square. Bus service from Waverley Square to Hospital.

MONSON STATE HOSPITAL (opened 1898):—

Post Office and railroad station, Palmer (Boston & Albany).

Trustees: George A. Moore, M.D., Palmer, chairman; Mrs. Mary B. Townsley, Springfield; George D. Storrs, Ware; Mrs. Elizabeth Hormel, Roxbury; Joseph L. Simon, Salem; Justus G. Hanson, M.D., Northampton; vacancy.

Regular meeting: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M.D.

Assistant Superintendent: Riley H. Guthrie, M.D.

Senior Assistant Physicians: Donald J. MacLean, M.D.; Samuel O. Miller M.D.; Paul I. Yakovlev, M.D.; Calvert Stein, M.D.

Assistant Physicians: Lucie G. Forrer, M.D.; John B. Dineen, M.D.

Dentist: Arthur R. Adam, D.M.D.

Treasurer: Sarah E. Spalding.

Steward: Charles F. Simonds.

Visiting days: Every day.

Staff Meetings: Every day, except Sundays and holidays, at 8:30 A.M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858):—

Trustees:— Laurence D. Chapin, M.D., Springfield; Albert M. Darling, Sunderland; J. C. O'Brien, M.D., Greenfield, chairman; Mrs. Emily N. Newton, Wellesley Hills, secretary; Mrs. Jessie Bassett, Northampton, Mrs. Anne O'Keefe Heffernan, Northampton; Charles L. King, Chicopee Falls.

Regular meetings: First Thursday of each month.

Superintendent: Edward W. Whitney, M.D.

Assistant Superintendent: Guy C. Randall, M.D.

Senior Physicians: B. Edwin Zawacki, M.D.; Elizabeth Kundert, M.D.; Rhoda U. Musgrave, M.D.

Assistant Physicians: Kendall B. Crossfield, M.D.; Ruth M. Thompson, M.D. Ruth Parker, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Location: Prince Street, Northampton, one and one-half miles from the railroad station, (Boston & Maine and New York, New Haven and Hartford railroads). Taxi-cab service from the station, Street car service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Arthur B. Reed, North Abington, chairman; Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; Charles C. Cain, Jr., Attleboro; J. Vincent Thuot, M.D., New Bedford; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro.

Regular meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Roger G. Osterheld, M.D.

Senior Physicians: H. Sinclair Tait, M.D.; Robert M. Bell, M.D.

Senior Physician (Pathology): Donald G. Henderson, M.D.

Assistant Physicians: Norman K. Beals, M.D.; Olga E. Steinecke, M.D.; Samuel S. Cargen, M.D.; Abraham Stiffle, M.D.; Harold J. Tosney, M.D.

Dentist: Wilfred R. Wilson, M.D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff Meetings: Daily, 8:15 A.M. and 1:00 P.M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post Office, Tewksbury: railroad station, Lowell.

Trustees: Robert G. Stone, Brookline, chairman; Mrs. Nellie E. Talbot, Brookline, secretary; Mrs. Mary E. Cogan, Stoneham; Dennis D. Sullivan, Middleborough; Charles A. Cronin, Lawrence, Patrick J. Meehan, M.D., Lowell; Frederick W. Enwright, Lynn.

Regular meetings: Usually first Tuesday of month.

Superintendent: John H. Nichols, M.D.

Assistant Superintendent and Physician: George A. Pierce, M.D.

Assistant Physicians: Charles L. Trickey, M.D.; James F. Lawlor, M.D.; Eugene E. Allen, M.D.; Ralph Heifetz, M.D.; Charles J. Carden, M.D.; Louis N. Stern, M.D.; George J. M. Grant, M.D.; Henry Spencer Glidden, M.D.; John R. Hopkins, M.D.; Jessie W. Robertson, M.D.; Evelyn B. Ellms, M.D.; C. Winthrop Houghton, M.D.

Dentist: Charles D. Broe, D.M.D.

Visiting days: Every day from 10:00 A.M. to 4:00 P.M.

Staff Meetings: Daily at 8:00 A.M.

Location: About one-half mile from bus line, Lowell to Boston, via Tewksbury five miles from Lowell; twenty miles from Boston.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: N. Emmons Paine, M.D.; West Newton, chairman; Miss Flora L. Mason, Taunton, secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; John T. Neary, D.D.S., Southborough; Mrs. Emily Young O'Brien, Dedham.

Regular meeting: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: Betsy Coffin, M.D.; George E. Peatick, M.D.

Assistant Physicians: Howard T. Fiedler, M.D.; Henry M. Gardiner, M.D.; Henry J. Kohler, M.D.; Bessie F. Brown, M.D.; William H. Quinn, M.D.
 Pathologist: Lydia B. Pierce, M.D.
 Dentist: Anthony B. Grady, D.D.S.
 Steward: P. I. Wiley.
 Treasurer: Carrie G. Poor.
 Visiting days: Every day.
 Staff Meetings: Daily.
 Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford)

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: Edward F. Fletcher, Worcester, chairman; William J. Delahanty, M.D., Worcester; John G. Perman, D.D.S., Worcester; Howard W. Cowee, Worcester; Mrs. Anna C. Tatman, Worcester; George D. Morse, Worcester; Mrs. Frank Dresser, Worcester.
 Regular meetings: Second Tuesday of each month.
 Superintendent: William A. Bryan, M.D.
 Assistant Superintendent: Clifton T. Perkins, M.D.
 Clinical Director: Morris Yorshis, M.D.
 Assistant Physicians: Francis H. Sleeper, M.D.; Lonnie O. Farrar, M.D.; Walter E. Barton, M.D.; W. Everett Glass, M.D.; Minna Emch, M.D.; George H. Lavine, M.D.; Henry R. Craig, M.D.; Wilbur R. Miller, M.D.; Benjamin Simon, M.D.
 Pathologist: William Freeman, M.D.
 Dentist: Joseph N. Finni, D.D.S.
 Steward: Herbert W. Smith.
 Treasurer: Margaret T. Crimmins.
 Visiting days: Tuesdays, Saturdays, Sundays and holidays, 9–11 A.M., 1:30–4:30 P. M.
 Staff Meetings: Daily.
 Location: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine). The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, Worcester, about five minutes walk from the Union Station.
 Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.
 Correspondence intended for Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES

BELCHERTOWN STATE SCHOOL (for the mentally deficient; opened 1922):—

Post Office and railroad station, Belchertown, Mass. (Central Vermont Railroad from Palmer or Amherst; Boston & Maine for freight only. Busses from Springfield and Amherst).
 Trustees: Theodore S. Bacon, M.D.; Springfield, chairman; Edwin C. Gilbert M.D., Springfield, secretary; Miss Frances E. Cheney, Northampton; Mrs. Henry F. Nash, Greenfield; Mr. F. A. Farrar, Northampton; John I. Donna, Esq., Pittsfield, Mr. James L. Harrop, Worcester.
 Regular meeting: Second Tuesday of each month.
 Superintendent: George E. McPherson, M.D.
 Assistant Superintendent: Karl V. Quinn, M.D.
 Senior Physicians: Charlotte A. Mitchell, M.D.; John T. Shea, M.D.
 Assistant Physicians: R. Bernard Leclair, M.D.; Herbert L. Flynn, M.D.
 Dentist: Arthur E. Westwell, D.M.D.
 Steward: Roger H. Littlefield.
 Treasurer: Dora B. Wesley.
 Visiting days: Everyday, except holidays, 9:30 to 11:30 A.M., 1:30 to 4:30 P.M., and at other times by special permission.

Staff Meetings: Daily at 9:00 A.M.

Location: One-quarter mile from railroad station, on the state road to Holyoke, and one-half mile from the center of the town.

WALTER E. FERNALD STATE SCHOOL AT WALTHAM (opened 1848):—

Post Office and railroad station, Waverley, (Boston and Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., president, Cambridge; Prof. Thomas N. Carver, Cambridge; Theodore Chamberlin, M.D., Concord; Rev. Russell H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill.

Trustees appointed by the Corporation: Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Paul R. Withington, M.D., secretary, Milton; Roger S. Warner, Ipswich; Donald Gregg, M.D., Wellesley.

Quarterly meeting: Second Thursday of October, January, April and July.

Annual meeting: Second Thursday in December.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: Charles S. Woodall, M.D.

Senior Physicians: Anna M. Wallace, M.D.; Edith E. Woodill, M.D.; L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.

Assistant Physicians: Mary T. Muldoon, M.D.; Fred Vere Dowling, M.D.

Treasurer: Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.

Staff Meetings: Daily at 9 A.M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907):—

Post Office and railroad station, Wrentham.

Trustees: Abraham Myerson, M.D., Brookline, chairman; Mrs. John M. Morrison, Brookline, secretary; Mrs. William A. Murray, Milford; Frank J. Nerney, Attleboro; Albert J. Sargent, Boxboro; Warren J. Swett, Canton; James A. Mulhall, Quincy.

Regular Meetings: Second Thursday of every month.

Superintendent: C. Stanley Raymond, M.D.

Assistant Superintendent: Henry A. Tadgell, M.D.

Senior Physicians: Mildred A. Libby, M.D.; Alice M. Patterson, M.D.; William A. Johnson, M.D.

Assistant Physicians: Genevieve Gustin, M.D.; John H. F. Connor, M.D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One half mile from Winter Street stop, Boston & Providence bus line. Telephone: Wrentham 24.

PRIVATE INSTITUTIONS

FOR THE CARE OF MENTAL AND NERVOUS DISEASES

BOURNEWOOD HOSPITAL, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone Parkway 0300.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

DR. REEVES' NERVINE, Fred B. Jewett, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

HERBERT HALL HOSPITAL, Walter C. Haviland, M.D., 223 Salisbury Street, Worcester, Salisbury Street electric car from City Hall Square. Closed May 21, 1934.

MCLEAN HOSPITAL. For Nervous and Mental Patients (opened 1818):—

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R.R.)

President: Nathaniel T. Kidder, Boston.

Vice-President: Francis Henry Appleton, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Joseph H. O'Neil, Boston; Miss Betty Dumaine, Groton, Mass.; Edwin S. Webster, Boston; Andrew J. Peters, Boston.

Trustees appointed by the Corporation: William Endicott, Boston, chairman; Nathaniel T. Kidder, Boston; Sewall H. Fessenden, Boston; John R. Macomber, Boston; Algernon Coolidge, M.D., Boston; Henry K. Sherrill, Boston; Phillips Ketchum, Esq., Boston; Hans Zinsser, M.D., Boston.

Regular meetings: In the Trustees' Room at the Massachusetts General Hospital in Boston on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M.D.

Director: W. Franklin Wood, M.D.

Psychiatrist-in-Chief: Kenneth J. Tillotson, M.D.

Senior Physicians: Neils L. Anthonisen, M.D., in charge of Women's Dept., Jackson M. Thomas, M.D., in charge of Men's Dept.

Assistant Physician and Pathologist: Ray L. Whitney, M.D.

Director of Laboratories: John C. Whitehorn, M.D.

Assistant Physicians: John B. McKenna, M.D.; Raymond Duffy, M.D.; George B. Beaman, Jr., M.D.; John G. Lynn, M.D.; Lawrence D. Trevett, M.D.

Psychologist: George E. Gardner, Ph.D.

Roentgenologist: James M. Lingley, M.D.

Dental Surgeon: George O. Bartlett, D.D.S.

Visiting Internist: Wyman Richardson, M.D.

Staff Meetings: Tuesdays and Thursdays at 11:30 A.M.

RING SANATORIUM AND HOSPITAL, INC., Arthur H. Ring, M.D., Arlington Heights. Carriage.

VETERANS' ADMINISTRATION FACILITY, No. 95, Northampton, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases; Opened May 12, 1924):—

Under control of Veterans' Administration, Washington, D.C.

Administrator of Veterans' Affairs: Gen. Frank T. Hines, Washington, D.C.

Director: Colonel George E. Ijams, Washington, D.C.

Medical Director: Charles M. Griffith, M.D., Washington, D.C.

Manager: Frank E. Leslie, M.D., Northampton, Massachusetts.

Assistant Manager and Clinical Director: Parker G. Borden, M.D.

Ward Surgeons: Morris Zellin, M.D.; Edward S. Jones, M.D.; Bennie A. Moxness, M.D.; Frank Dwyer, M.D.; George D. Bragaw, M.D., and Abdu M. Ibrahim, M.D.

Chief Clinical Laboratory: Abdu M. Ibrahim, M.D.

Chief Dental Service: Paul O. Fallon, M.D.

Chief Roentgenology Laboratory: Bennie A. Moxness, M.D.

Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.

Consultant in Ophthalmology: Frank E. Dow, M.D.

Consultant in Surgery: Edward W. Brown, M.D.

Consultant in Roentgenology: Richard T. Powers, M.D.

Staff Meetings: Three each week. Time of meeting: 11:00 A.M.

Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

VETERANS' ADMINISTRATION FACILITY No. 107, Bedford, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases; Opened July 17, 1928):—

Under control of Veterans' Administration, Washington, D.C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D.C.

Medical Director: Charles M. Griffith, M.D.

Manager: Winthrop Adams, M.D.

Clinical Director: Frederick R. Sims, M.D.

Ward Surgeons: William T. Merrill, M.D.; Julius A. Kaplan, M.D.; Cornelius J. Buckley, M.D.; Aaron H. Braverman, M.D.; Charles C. Adams, M.D.;

Frederick E. Steele, Jr., M.D.; Roscoe E. Petrone, M.D.

Chief Clinical Laboratory: David L. Williams, M.D.

Chief Dental Service: Bertram H. Sawyer, (Dental Surgeon).

Consultant in Tuberculosis: Ernest D. Hatch, M.D.

Consultant in Ear, Nose and Throat: Charles D. Knowlton, M.D.

Consultant in Eye Work: Paul Chandler, M.D.

Consultant in Dermatology: C. Guy Lane, M.D.

Consultant in Surgery: Henry C. Marble, M.D.

Consultant in Genito-Urinary Surgery: Sylvester B. Kelley, M.D.

Consultant in Internal Medicine: G. Philip Grabfield, M.D.

Staff Meetings: Daily with the exception of Saturday and Sundays.

Time of meetings: 11:00 A.M.

Location: Springs Road, Bedford, Mass. One mile in from State Highway.

Bus connection from Arlington Heights, Mass.

WESTWOOD LODGE, William J. Hammond, M.D., Westwood.

WISWALL SANATORIUM, INC., Harry O. Spaulding, M.D., 203 Grove Street, Wellesley. Also at Cartwright Road, Needham.

BOSWORTH HOSPITAL, Arthur Berk, M.D., 166 Lancaster Terrace, Brookline.

FOR THE CARE OF PERSONS ADDICTED TO THE INTEMPERATE USE OF
NARCOTICS OR STIMULANTS

PRIVATE HOSPITAL, Frederick L. Taylor, M.D., 45 Center Street, Roxbury.

WASHINGTONIAN HOME, Hugh Barr Gray, M.D., 41 Waltham Street, Boston.

GROVE HALL INSTITUTE, George Colton Moore, M.D., 232 Townsend Street, Roxbury.

FOR THE CARE OF MENTAL DEFECTIVES

CLARKE SCHOOL, Miss Edith Clarke, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D.; G. Percy Brown, M.D., Barre (Central Massachusetts Branch, Boston & Maine).

FREER SCHOOL, for girls only, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

THE HOSPITAL COTTAGES FOR CHILDREN, Baldwinville (incorporated and opened 1882):—

President: E. G. Watkins, Gardner; Clerk, Robert B. Greenwood, Winchendon.

Trustees appointed by the Governor: U. Waldo Cutler, Worcester; George B. Dewson, Milton; Mrs. Abner S. McLaud, Greenfield; J. K. Dexter, Springfield; Miss Edith H. Sears, Boston.

Trustees appointed by the Corporation: Frederick A. Turner, Jr., Boston; Dr. John G. Henry, Winchendon; Mrs. J. M. Lasell, Whitinsville; Mrs. Paul M. Hubbard, Boston; Mrs. Edward W. Hutchins, Boston; Edward F. Mann, Worcester; Mrs. Herbert C. Fisher, Worcester; Donald W. Campbell, Worcester; Robert B. Greenwood, Winchendon; J. Sidney Stone, Boston; Mrs. Thomas Allen, Jr., Boston; Edward G. Watkins, Gardner; Mrs. C. S. Dickenson, Baldwinville; William G. Lord, Athol; Mrs. Arthur D. Potter, Greenfield.

Quarterly meetings: January, April, July and October.

Superintendent: E. St. John Ward, M.D., F.A.C.S., D.Sc.

Assistant Physician: Mildred J. Hausmann, M.D.

Treasurer: Edgar L. Ramsdell, Mechanics National Bank, Worcester, Mass.

Visiting days: Every day except Sunday.

Location: Bridge Street, one mile from railroad station (Boston & Maine) and from center of Town of Baldwinville at junction of routes 68 and 32.

PERKINS SCHOOL OF ADJUSTMENT, THE, Franklin H. Perkins, M.D., Lancaster.

STANDISH MANOR, Miss Alice M. Myers, Halifax.

FOR THE CARE OF EPILEPTICS

WOODLAWN SANATORIUM, Dr. Ewan A. Robertson, 500 Crafts Street, West Newton.

"KITREDGE FARM", Joseph Kittredge, M.D., 56 Academy Road, North Andover.

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The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL DISEASES NOVEMBER 30, 1935

COMMISSIONER

WINFRED OVERHOLSER, M.D. Wellesley Hills

ASSOCIATE COMMISSIONERS

HENRY M. POLLOCK, M.D. Brookline
A. WARREN STEARNS, M.D. Billerica
SAMUEL KALESKY Brookline
TIMOTHY W. FITZGERALD Salem

ASSISTANT COMMISSIONER

JOSEPH E. BARRETT, M.D. Taunton

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The Commonwealth of Massachusetts

STATE HOUSE, BOSTON.

To His Excellency the Governor and the Honorable Council:

The sixteenth annual report of the Massachusetts Department of Mental Diseases for the year ending November 30, 1935, is respectfully submitted herewith. The matters relating to general statistics, however, cover the year ending September 30th.

WINFRED OVERHOLSER, M.D.

Commissioner.

HENRY M. POLLOCK, M.D.
SAMUEL KALESKY

TIMOTHY W. FITZGERALD
A. WARREN STEARNS, M.D.
Associate Commissioners.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

DUTIES OF THE DEPARTMENT

The Department of Mental Diseases consists, by law, of a commissioner and four associate commissioners who are appointed by the Governor. As at present constituted, the Department consists of Dr. Winfred Overholser, Commissioner, Dr. Henry M. Pollock, Mr. Samuel Kalesky, Mr. Timothy W. Fitzgerald and Dr. A. Warren Stearns, Associate Commissioners.

The Department has general supervision of all public and private institutions for the mentally ill, mentally defective, epileptic, and of persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the interrelations of institutions and matters which are common to them all, such as the distribution and transfer of patients between them, deportation of patients to other states and countries, and the determination within statutory limits of the amount to be charged for the support of patients in institutions.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Diseases are to be found in Chapters 19 and 123 of the General Laws (Tercentenary Edition).

CHANGES IN PERSONNEL

REAPPOINTMENT OF HENRY M. POLLOCK, M.D.

Dr. Henry M. Pollock, whose term as Associate Commissioner expired on September 19, 1935, was reappointed for another term of four years. Dr. Pollock has served continuously in this capacity since the organization of the original Commission on Mental Diseases in 1916 and is now the only member remaining of the original Board.

APPOINTMENT OF ARTHUR N. BALL, M.D.

On May 11, 1935, Dr. Arthur N. Ball was appointed Superintendent of the Northampton State Hospital, Northampton, Massachusetts, to succeed Dr. Edward W. Whitney, deceased. Dr. Ball is a native of Massachusetts. He received the degree of M. D. from the University of Pennsylvania in 1911, and following graduation served one year as House Officer at the Paterson General Hospital, Paterson, New Jersey. In October, 1912, he was appointed Assistant

Physician on the staff at the Northampton State Hospital, Northampton, Massachusetts, and in March, 1918, was granted a leave of absence to enter the Medical Corps of the United States Army. He returned to the Northampton State Hospital in July, 1919, as Senior Physician. In November, 1921, he was transferred to the Gardner State Colony, East Gardner, Massachusetts, as Assistant Superintendent, where he remained until October, 1926, when he was transferred to the Department of Mental Diseases as Assistant to the Commissioner. On October 29, 1928, he was appointed Chief Executive Officer of the Boston Psychopathic Hospital, from which position he was transferred to the Division for the Examination of Prisoners, Department of Mental Diseases, as Director, on November 27, 1931, to fill the vacancy caused by the transfer of Dr. Earl K. Holt to the Superintendency of the Medfield State Hospital. On April 30, 1933, when the work of the Division for the Examination of Prisoners was terminated, Dr. Ball was appointed an Assistant to the Commissioner, Department of Mental Diseases. From July 17, 1933, to September 16, 1934, while officially continuing as Assistant to the Commissioner in the Department, Dr. Ball served as Acting Chief Executive Officer of the Boston Psychopathic Hospital, to fill the vacancy caused by the death of Dr. Samuel Smith Cottrell on July 16, 1933.

Dr. Ball is married and has two sons.

He is a member of the American Psychiatric Association, Massachusetts Psychiatric Society, American Medical Association, New England Society of Psychiatry, and the Massachusetts Medical Society.

APPOINTMENT OF RILEY H. GUTHRIE, M.D.

On June 1, 1935, Dr. Riley H. Guthrie was appointed to the position of Assistant to the Commissioner in the Department to succeed Dr. Arthur N. Ball. On November 15, 1935, he was appointed to the position of Chief Executive Officer at the Boston Psychopathic Hospital to succeed Dr. Clifford D. Moore, who left the Massachusetts State service to accept the Superintendency of the Fairfield State Hospital in Newtown, Connecticut.

Dr. Guthrie was born in Smithville, Arkansas. He attended the University of Arkansas and was graduated in medicine from the University of Tennessee, Medical Department, in 1921. For three and one-half years he served as Assistant Physician at the State Hospital for Nervous Diseases, Little Rock, Arkansas; one year at the Massillon State Hospital, Massillon, Ohio; and one year as Medical Officer at the Boston Psychopathic Hospital, Boston, Mass. On April 11, 1929, he was appointed Assistant Superintendent of the Monson State Hospital, Palmer, Mass., remaining in that position until June 1, 1935.

He has published many scientific articles dealing with research in nervous and mental diseases. He is a Fellow of the American Medical Association and the American Psychiatric Association; and a member of the Massachusetts Psychiatric Society, New England Society of Psychiatry, Massachusetts Medical Society, Hampden District Medical Society and Palmer Rotary Club.

Dr. Guthrie was married in 1924 to Anne Patricia Hoyer of Little Rock, Arkansas.

LEAVE OF ABSENCE FOR ANNA M. ALLEN, M.D.

Dr. Anna M. Allen, Pathologist to the Department, was granted a leave of absence from August 19, 1935 to September 21, 1935.

TEMPORARY APPOINTMENT OF MYRTELLE M. CANAVAN, M.D.

On July 21, 1935, Dr. Myrtelle M. Canavan was appointed Pathologist to the Department, for a temporary period of two months, during the vacation period and leave of absence of Dr. Anna M. Allen.

RESIGNATION OF MR. ELWIN H. FORRISTALL

On April 12, 1935, Mr. Elwin H. Forristall, State Hospital Farm Coordinator in the Department since 1918, resigned to accept a position in the Federal Prison service at Washington, D. C. The service rendered by Mr. Forristall in developing the farm activities of the sixteen institutions under the control of the Department has been outstanding, and the Department is extremely sorry to lose the benefit of his services.

APPOINTMENT OF MR. WALLACE F. GARRETT

On April 12, 1935, Mr. Wallace F. Garrett was transferred from the position of Steward at the State Farm at Bridgewater, Massachusetts, to the position of State Hospital Farm Coordinator in the Department, to succeed Mr. Elwin H. Forristall, resigned.

Mr. Garrett was graduated from the Massachusetts State College, Amherst, in 1923. In June, 1926, he was appointed Assistant Head Farmer at the Worcester State Hospital, Worcester, Massachusetts, being promoted to Head Farmer in February, 1927. From October, 1931, until his present appointment he served as Steward at the State Farm at Bridgewater.

DEATH OF EDWARD W. WHITNEY, M. D.

Dr. Edward W. Whitney, Superintendent of the Northampton State Hospital, Northampton, Massachusetts, since 1933, died on February 16, 1935, following an illness of five weeks.

Dr. Whitney was graduated from the Harvard University Medical School in 1903, later serving on the staff of the Boston City Hospital, Boston, Massachusetts. Since 1905 he had been connected with the Northampton State Hospital.

The following resolutions were adopted by the Department:

"Whereas, in the passing of Dr. Edward W. Whitney, Superintendent of the Northampton State Hospital, the Department has lost a valued official, be it

Resolved, That the Commissioners of the Department of Mental Diseases pay their tribute to the memory of Dr. Whitney, whose term as Superintendent was but brief, but whose record of service of approximately thirty years is indelibly written into the history of the Northampton State Hospital. Entering its service in 1905 as Assistant Physician, when the patients were considerably less than half the number cared for at present, he learned of the background of the hospital while he labored in its development. He became Assistant Superintendent in 1917, and twice served as Acting Superintendent. Following a period of several months as Assistant to the Commissioner of Mental Diseases, while still acting head of the hospital, he was appointed Superintendent in November, 1933. He entered upon the work with enthusiasm and an unwavering sense of duty, and in the year and four months of his superintendency gave himself generously and unsparingly to the activities of the hospital. Earnest in manner, unassuming in bearing, untiring in effort, his fundamental aim was for the care of the patient. His passing at an early age is further evidence of the stern reality that increasing demands are being made on the time and energy of men whose lives are devoted to the care of the mentally ill. Be it further

Resolved, That these Resolutions be spread upon the record and that a copy thereof be sent to the family of Dr. Whitney."

ACTIVITIES OF THE DEPARTMENT

STATE HOSPITALS AS TRAINING CENTERS

The Department has continued its policy of making its facilities available for the training of various types of personnel and of being of assistance wherever possible to other States and countries who desire to study the methods in use in the institutions of the Commonwealth. During the past year various phases of the activities of the Department, both institutional and in the community, were studied by representatives and groups from England, South Africa and Newfoundland, and the Canadian Provinces of Ontario, Toronto, and New Brunswick; and, in addition, from the following sister States of the United States, namely, — Missouri, North Carolina and New York. Also, the Department was able to be of considerable service to the Ohio State Government Study of Public Welfare. At the request of the Committee in charge of the study, Dr. Joseph E. Barrett, Assistant Commissioner of the Department, made a personal study of several of the Ohio mental institutions and submitted a full report which was incorporated in the final report of the Committee.

The Department is thoroughly convinced of the value of practical training in psychiatry for medical students and has consistently cooperated in such training. The advantage from the point of view of the Commonwealth lies especially in the

possibility of attracting well-trained physicians to the hospital service; but further than this is the value to the community at large in fitting future physicians for the better recognition and care of the mental factors involved in the illness of the patients whom they are called upon to treat; and in contributing, through these physicians, to a further breakdown of the lingering prejudices and misunderstandings which exist in the community with reference to mental hospitals. The Department, through its institutions and personnel, has assisted in the teaching of psychiatry to medical students at Boston University School of Medicine, Harvard University Medical School, and Tufts College Medical School; and all of the fourth-year students in medicine at Boston University and Tufts College spend a month in residence or a summer's internship in one of the State hospitals. Students and graduates in medicine from other parts of the country and abroad have likewise come to Massachusetts for special training in our State institutions. A still further step was taken this year, at the initiative of the Peter Bent Brigham Hospital, by providing for a four-months' residence in one of the State Hospitals, of the House Officers of that institution. So far as the Department is aware, this is the first instance in which a general hospital of national repute has set up, as part of its course of training of House Officers, a period of residency in a psychiatric institution. This step constitutes not only a recognition of the standing of the Massachusetts State hospitals, but also a recognition of the contribution which psychiatry has to make to general medicine. The House Officers of the Peter Bent Brigham Hospital are selected by competitive examination from among the graduates of the best medical schools in the United States, and the presence of these men at the mental hospitals has not only served as a valuable addition to their education but has proved a decided stimulus to the staffs of the hospitals.

The Department operates a training course for social workers; six training schools for nurses qualifying for the examination as registered nurse; five schools for psychiatric nurses, giving the two-year course; post-graduate courses for nurses at three of the institutions; and in addition has furnished training for occupational therapists, hydrotherapists, physiotherapists, and student nurses from approved general hospitals.

DEPARTMENTAL RESEARCH COMMITTEE

The Department is charged, by law, with the duty of making investigations and inquiries relative to the causes of mental disease, feeble-mindedness and epilepsy, and has inaugurated and carried on a very considerable number of lines of study. Among the institutions which have been the most active in these investigations have been the Boston Psychopathic Hospital, and the Boston, Worcester and Monson State Hospitals. With a view to encouraging the development of new lines of research the Department has organized a Departmental Research Committee, consisting of Dr. Abraham Myerson, Chairman, Dr. Douglas A. Thom, Dr. Neil A. Dayton, Dr. R. G. Hoskins and Dr. Harry C. Solomon. Several meetings of the Committee with representatives of the various hospitals have been held and as a result a number of new projects have been developed. In view of the fact that mental disease is extremely wide-spread (in Massachusetts alone, one person out of every 190 being a patient in a mental hospital), and that an annual average increase of 414 in the population of the State mental institutions is to be expected, the importance of research and prevention may be seen as being of very considerable economic, as well as scientific, importance. Reference to the bibliography given in the report of the Pathologist (page 34) will indicate that the medical personnel of the Department and its institutions has contributed very materially during the past year to the medical literature.

MENTAL EXAMINATION OF PERSONS COMING BEFORE THE COURTS

The so-called "Briggs Law", appearing as Section 100-A, Chapter 123, General Laws, (Tercentenary Edition), continues to function satisfactorily. During the year ending October 15, 1935, seven hundred and sixty-seven defendants in criminal cases were examined under this provision of law. This statute is probably the superior of any similar legislation in the United States providing for the automatic reference for mental examination of all persons indicted for a capital offense

and all persons bound over or indicted who have previously been convicted of a felony or indicted more than once. It has excited wide and very favorable comment by legal writers throughout the United States.

In spite of the very wide interpretation of Section 99, Chapter 123, General Laws (Tercentenary Edition), which was given by the Supreme Judicial Court in the case of *Sullivan v. the Judges*, 271 Mass. 435, the courts continue to make but little use of the provision of law whereby the judge, in his discretion, may call upon the Department to assign a member of a State hospital staff to make a mental examination of "any person coming before the court". During the year 1935 only 43 such cases were referred to the Department, an increase of only six over the year 1934. The Department hopes that the courts may eventually avail themselves much more of this salutary provision of law which permits a court to obtain impartial advice regarding the mental condition of a defendant or of a plaintiff concerning whose mental condition any doubt may arise in the mind of the judge. This service is rendered to the courts gratuitously.

ASSISTANCE GIVEN BY LAW SCHOOLS

During the year the Department has been fortunate in having donated to it the services of a number of students of Boston University School of Law and the Suffolk Law School. One group of these students is giving valuable service in connection with the mental deficiency research of the Department; and another group is making a comparative study of the laws of the various States of the United States relative to the mentally disordered, the feeble-minded, and the epileptic. The information so far disclosed by the latter group appears to indicate that the laws of Massachusetts can, in general, stand comparison very favorably with the laws of other States on this topic.

EXAMINATION OF JUVENILE DELINQUENTS

Since the fall of 1931, examinations of juvenile delinquents prior to commitment (Section 58-A, Chapter 119, General Laws, Tercentenary Edition) have been increasing in number annually. At present there are seventeen clinics in which these examinations are conducted and reports sent to this Department. These clinics are:

Boston Psychopathic Hospital
 Boston State Hospital
 Danvers State Hospital
 Foxborough State Hospital
 Gardner State Hospital
 Grafton State Hospital
 Medfield State Hospital
 Monson State Hospital
 Northampton State Hospital
 Taunton State Hospital
 Westborough State Hospital
 Worcester State Hospital
 Walter E. Fernald State School
 Wrentham State School
 Belchertown State School
 Dr. Henry M. Baker
 Judge Baker Guidance Center

During the year October 1, 1934 to October 1, 1935, a total of twelve hundred and thirty-five (1,235) children were examined, a large increase over previous years. 34.8% or 430 children were classified as normal, 45.3% or 560 children as subnormal, and 19% or 237 as feeble-minded. In other words about 65% of the cases examined were below the level of normal intelligence, whereas, in the preceding year 75% were below this level. In the two preceding years, from October 1, 1931 to October 1, 1933, 67% of the number examined were of subnormal intelligence.

In almost every case the clinic psychiatrist reports a real cooperation by the judges and probation officers, the latter being particularly well situated to follow up the cases and help adjust the children in the community, following the recommendations of the psychiatrists. In some communities, however, the clinic is not

used to its fullest extent. In some instances disposition has been made before the clinic has been notified of the case to be examined. In only one district is there an instance of the court not being desirous of fully utilizing the facilities of the clinic.

In general, there seems to be an increasing degree of cooperation between the courts and the clinics and this, with the increasing number of cases examined annually, gives a hopeful picture of the future value of these clinics to the courts and to the communities. This will be particularly noticeable when there is more adequate institutional training provided for the subnormal delinquent who cannot adjust properly in the correctional institution with delinquents of normal mental capacity or in a school for the feeble-minded.

PODIATRIC SERVICE IN INSTITUTIONS

The practice of measuring the feet of patients, for the purpose of determining the correct size of shoes, has continued, and with the cooperation of the Department of Correction, from which the institutions are required to purchase shoes, the footwear for patients has been ordered in conformity with correct practices of fitting. As an additional development along these lines, several institutions have engaged the services of podiatrists who have conducted foot clinics with great success. The Department is informed by the Massachusetts Chiropody Association, which has been very helpful in its advice, that this is the first State Department to introduce foot clinics officially.

GENERAL MATTERS

CONFERENCES AND VISITS TO STATE INSTITUTIONS

Seven monthly meetings of the Commissioner, Assistant Commissioner, and Associate Commissioners, and fifty-three special meetings, were held during the year.

Seven monthly conferences of the Commissioner and Assistant Commissioner with the Superintendents of the State institutions under the Department were held.

The Commissioner and Assistant Commissioner visited all of the institutions under the Department with the Legislative Committee on Public Welfare, and also visited several of the institutions with the Legislative Committee on Ways and Means.

SEMIANNUAL MEETINGS OF THE DEPARTMENT WITH THE TRUSTEES OF STATE INSTITUTIONS

A semiannual meeting of the Department of Mental Diseases with the Boards of Trustees of the State institutions under the Department was held at the Worcester State Hospital, Worcester, Massachusetts, on Saturday, April 20, 1935.

Luncheon was served at 1:00 P. M. in the staff dining room. The meeting was held in the hospital chapel and was called to order by Dr. Winfred Overholser, Commissioner of Mental Diseases, at 2:30 P. M. Dr. Overholser then introduced Dr. William A. Bryan, Superintendent of the Worcester State Hospital, who addressed the group on "Hospital Public Relationships." A motion picture film, entitled "Behind the Door", was presented, showing the activities of the hospital, following which visits were made to the various wards of the hospital by several of the Trustees.

A semiannual meeting of the Department of Mental Diseases with the Boards of Trustees of the State institutions under the Department was held at the Belchertown State School, Belchertown, Massachusetts, on Saturday, October 19, 1935.

Luncheon was served at 1:00 P. M. in the officers' dining room. The meeting, held in the Assembly Building, was called to order by Dr. Winfred Overholser, Commissioner of Mental Diseases, at 2:00 P. M., who spoke briefly regarding the building program for the sixteen institutions under the Department. Dr. Overholser then introduced Dr. George E. McPherson, Superintendent of the the Belchertown State School, who gave a brief address on the topic, "Some Aspects of the Problems of Mental Deficiency."

After the meeting was adjourned a visit was made to the various buildings.

EMERGENCY PUBLIC WORKS PROGRAM

Under the Massachusetts Emergency Public Works program begun in 1933, work has continued and a number of the projects are nearing completion. Further details of the status of the work are given in the report of the Engineer of the Department.

In addition to the Emergency Public Works program the Department has been fortunate in securing the services of a considerable number of men on various projects under the Federal Works Progress Administration. A considerable amount of grading, clearing, draining, painting, and other improvements has been accomplished which might otherwise have had to be delayed for a considerable period of time.

Special mention should again be made of the extremely arduous and valuable work done by Mr. Walter E. Boyd, Hospital Supervising Construction Engineer, in handling these very detailed and complicated projects.

During the year no funds became available for the construction of the Norfolk State Hospital for the criminal insane authorized by Chapter 421, Acts of 1935.

THE FORTY-EGHT HOUR WEEK LAW

On October 25, 1935, Chapter 444, Acts of 1935, providing for a forty-eight hour week for employees in the ward, kitchen, dining-room, and domestic services of the institutions, became effective. A total of approximately thirteen hundred additional employees were gradually absorbed so that the transition was readily accomplished. This law should work out to the advantage of the employees and through them to that of the patients. Various adjustments are still under way and it appears at the present time that a larger number of employees than has already been allowed will be necessary if the same degree of supervision of patients is to be provided as was the case under the previously existing sixty-hour week.

SPECIAL COMMISSION TO STUDY PUBLIC HEALTH LAWS

Under Chapter 11, Resolves of 1935, a special unpaid Commission was established in accordance with the recommendations of His Excellency the Governor, to study and investigate the public health laws and policies of the Commonwealth. By the terms of the Resolve the Commissioner of Mental Diseases was made, ex-officio, a member of this Commission. A significant feature of this legislation is the recognition by it of mental disease as closely related to the general problem of public health.

LICENSES RELINQUISHED, AND LICENSES GRANTED TO PRIVATE HOSPITALS DURING THE YEAR

RING SANATORIUM AND HOSPITAL, INC.

Dr. Arthur H. Ring, Superintendent of the Ring Sanatorium and Hospital, Inc., a private institution in Arlington Heights, died suddenly on June 25, 1935. The license to conduct the institution was transferred to his wife, Dr. Barbara T. Ring, for the remainder of the year.

DEPORTATIONS

One hundred sixty-one cases were considered for deportation during 1935, in comparison to one hundred sixty-eight cases in 1934. The Department deported seventy-two to other states and seven to other countries and, in addition, the United States Department of Labor deported twelve to other countries: in all, ninety-one.

Four thousand six hundred eleven patients have been deported by this Department since October 1, 1898.

Details of the disposition of cases under consideration for deportation are shown in Table 162.

LEGISLATION — 1935

CHAPTER 163. — *An Act abolishing the requirements as to Visits by Agents of the Department of Mental Diseases to Certain Persons under its Care placed at Board.*

Section nineteen of chapter one hundred and twenty-three of the General Laws, as appearing in the Tercentenary Edition, is hereby repealed. (*Approved April 15, 1935.*)

CHAPTER 217. — *An Act providing Security for the Payment for Certain Lumber employed in the Construction or Repair of Public Buildings and other public works.*

Section 1. Section thirty-nine of chapter thirty of the General Laws, as amended by chapter three hundred and fifty-one of the acts of nineteen hundred and thirty-four, is hereby further amended by inserting after the word "repair" in the sixth line the words: — , including lumber so employed which is not incorporated in the construction or repair work and is not wholly or necessarily consumed or made so worthless as to lose its identity but only to the extent of its purchase price less its fair salvage value, — so as to read as follows: — *Section 39.* Officers or agents contracting in behalf of the commonwealth for the construction or repair of public buildings or other public works shall obtain sufficient security, by bond or otherwise, for payment by the contractor and sub-contractors for labor performed or furnished and for materials used or employed in such construction or repair, including lumber so employed which is not incorporated in the construction or repair work and is not wholly or necessarily consumed or made so worthless as to lose its identity but only to the extent of its purchase price less its fair salvage value, and for the rental or hire of vehicles, steam shovels, rollers propelled by steam or other power, concrete mixers, tools and other appliances and equipment employed in such construction or repair; but in order to obtain the benefit of such security, the claimant shall file with such officers or agents a sworn statement of his claim, within sixty days after the claimant ceases to perform labor or furnish labor, materials, appliances and equipment as aforesaid, and shall, within one year after the filing of such claim, file a petition in the superior court for the proper county to enforce his claim or intervene in a petition already filed; and the provisions of chapter two hundred and fifty-eight shall apply to such petitions.

Section 2. Section twenty-nine of chapter one hundred and forty-nine of the General Laws, as appearing in the Tercentenary Edition, is hereby amended by inserting after the word "repair" in the fifth line the words: — , including lumber so employed which is not incorporated in the construction or repair work and is not wholly or necessarily consumed or made so worthless as to lose its identity but only to the extent of its purchase price less its fair salvage value, — so as to read as follows: — *Section 29.* Officers or agents who contract in behalf of any county, city or town for the construction or repair of public buildings or other public works shall obtain sufficient security, by bond or otherwise, for payment by the contractor and sub-contractors for labor performed or furnished and materials used or employed in such construction or repair, including lumber so employed which is not incorporated in the construction or repair work and is not wholly or necessarily consumed or made so worthless as to lose its identity but only to the extent of its purchase price less its fair salvage value; but to obtain the benefit of such security the claimant shall file in the office of the county treasurer or of the city or town clerk a sworn statement of his claim within sixty days after the claimant ceases to perform labor or furnish labor or materials, and shall, within one year after the filing of such claim, file a petition in the superior court for the proper county to enforce his claim or intervene in a petition already filed. (*Approved April 26, 1935.*)

CHAPTER 301. — *An Act providing for Co-operation between the Departments of Mental Diseases and Public Works relative to Roads at State Hospitals.*

Chapter one hundred and twenty-three of the General Laws is hereby amended by inserting after section eight, as appearing in the Tercentenary Edition, the following new section: — *Section 8A.* Upon request of the department, the department of public works may construct and maintain roads on the grounds or property of a state hospital; and expenses so incurred shall be paid from appropriations for the maintenance of such hospital. (*Approved May 29, 1935.*)

CHAPTER 314. — *An Act making the Gardner State Colony a Reception Hospital for the Insane and Changing its Name to Gardner State Hospital.*

Section 1. The Gardner state colony is hereby made a state hospital, under the name of the Gardner state hospital, for the care and treatment of the insane, and shall be subject to all provisions of general law applicable to such hospitals. The board of trustees appointed under section six of chapter nineteen of the General Laws shall serve, without reappointment, as the board of trustees of the Gardner state hospital.

Section 2. Section five of said chapter nineteen, as appearing in the Tercentenary Edition, is hereby amended by striking out, in the fourth line, the word "colony" and inserting in place thereof the word: — hospital, — so as to read as follows: —

Section 5. The boards of trustees of the following public institutions shall serve in the department: Belchertown state school, Boston psychopathic hospital, Boston state hospital, Danvers state hospital, Foxborough state hospital, Gardner state hospital, Grafton state hospital, Walter E. Fernald state school, Medfield state hospital, Metropolitan state hospital, Monson state hospital, Northampton state hospital, Taunton state hospital, Westborough state hospital, Worcester state hospital and Wrentham state school.

Section 3. Section twenty-five of chapter one hundred and twenty-three of the General Laws, as so appearing, is hereby amended by striking out, in the fifth line, the word "colony" and inserting in place thereof the word: — hospital, — so as to read as follows: — *Section 25.* The state institutions under the control of the department shall be Worcester state hospital, Taunton state hospital, Northampton state hospital, Danvers state hospital, Grafton state hospital, Westborough state hospital, Foxborough state hospital, Medfield state hospital, Monson state hospital, Gardner state hospital, Wrentham state school, Boston state hospital, Walter E. Fernald state school, Boston psychopathic hospital, Belchertown state school, Metropolitan state hospital, and such others as may hereafter be added by authority of law.

Section 4. Said chapter one hundred and twenty-three is hereby further amended by striking out section fifty, as so appearing, and inserting in place thereof the following: — *Section 50.* A justice of the superior court, in any county, and any of the judges of probate for Suffolk county, the judge of probate for Nantucket county, or a justice or special justice of a district court, except the municipal court of the city of Boston, within his county, may commit to any institution for the insane, designated under or described in section ten, any insane person, then residing or being in said county, who in his opinion is a proper subject for its treatment or custody; but such special justice may make such commitment only in case of the incapacity of the justice, his absence from the district, interest, or relationship to the applicant or to the person to be committed, or when specially authorized by the justice to act in the case, or when the justice is absent from the court building and the special justice is holding court in his place.

Section 5. Section seventy-seven of said chapter one hundred and twenty-three, as so appearing, is hereby amended by striking out the proviso in lines nine, ten and eleven, — so that the first sentence will read as follows: — If a person is found by two physicians qualified as provided in section fifty-three to be in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation, he may be committed by any judge mentioned in section fifty, to a state hospital, to the McLean hospital, or, in case such person is eligible for admission, to an institution established and maintained by the United States government, the person having charge of which is licensed under section thirty-four A, for a period of thirty-five days pending the determination of his insanity.

Section 6. Section seventy-eight of said chapter one hundred and twenty-three, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following: — The superintendent or manager of any institution for the insane may without the order of a judge required by sections fifty and fifty-one, receive into his custody and detain in such institution for not more than five days any person whose case is certified to be one of violent and dangerous insanity or of other emergency by two physicians qualified as provided in section fifty-three by a certificate conforming in all respects to said section, which certificate may be filed with a judge, as the certificate required by section fifty-one.

Section 7. Section seventy-nine of said chapter one hundred and twenty-three, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following: — The superintendent or manager of any institution for the insane may, when requested by a physician, member of the board of health, sheriff, deputy sheriff, member of the state police, selectman, police officer of a town or by an agent of the institutions department of Boston, receive and care for in such institution as a patient, for a period not exceeding ten days, any person

needing immediate care and treatment because of mental derangement other than delirium tremens or drunkenness.

Section 8. Section eighty-six of said chapter one hundred and twenty-three, as so appearing, is hereby amended by striking out, in the fourth and fifth lines, the words “, in the case of Gardner state colony when so authorized by the department,” — so as to read as follows: — *Section 86.* The trustees, superintendent or manager of any institution to which an insane person, a dipsomaniac, an inebriate, or one addicted to the intemperate use of narcotics or stimulants may be committed may receive and detain therein as a boarder and patient any person who is desirous of submitting himself to treatment, and who makes written application therefor and is mentally competent to make the application; and any such person who desires so to submit himself for treatment may make such written application. No such person shall be detained more than three days after having given written notice of his intention or desire to leave the institution. (*Approved June 3, 1935.*)

CHAPTER 421. — *An Act providing for the Establishment of the Norfolk State Hospital for the Care of the Criminal Insane.*

Section 1. As soon as funds become available for the construction of a state hospital for the criminal insane, the commissioner of correction is hereby authorized, with the approval of the governor and council, to transfer to the department of mental diseases the control of so much of the land now occupied by the state prison colony at Norfolk as, in the opinion of the commissioner of correction, the commissioner of mental diseases and the chairman of the commission on administration and finance, may be necessary for such a state hospital.

Section 2. Upon the transfer to the department of mental diseases of the control of any land under section one there shall be constructed thereon a state hospital for the criminal insane, to be known as the Norfolk state hospital, and any funds received from the federal government may be used for such construction. Upon receipt of notification from said department that said state hospital is ready for the reception of patients, the governor shall issue his proclamation establishing said hospital and fixing a time for the opening thereof for use as a state hospital for the criminal insane. Thereupon said hospital shall be subject to all provisions of law applicable to state hospitals for the criminal insane, under the control of said department. As soon as may be after the time fixed by such proclamation, all insane criminals then confined at the Bridgewater state hospital shall be transferred to said Norfolk state hospital or to some other state hospital under the control of said department.

Section 3. Section five of chapter nineteen of the General Laws, as amended by section two of chapter three hundred and fourteen of the acts of the current year, is hereby further amended by inserting after the word “hospital” the first time it occurs in the eighth line the words:) — Norfolk state hospital, — so as to read as follows: — *Section 5.* The boards of trustees of the following public institutions shall serve in the department: Belchertown state school, Boston psychopathic hospital, Boston state hospital, Danvers state hospital, Foxborough state hospital, Gardner state hospital, Grafton state hospital, Walter E. Fernald state school, Medfield state hospital, Metropolitan state hospital, Monson state hospital, Norfolk state hospital, Northampton state hospital, Taunton state hospital, Westborough state hospital, Worcester state hospital and Wrentham state school.

Section 4. Section twenty-five of chapter one hundred and twenty-three of the General Laws, as amended by section three of said chapter three hundred and fourteen, is hereby further amended by inserting after the word “hospital” in the tenth line the words: — , Norfolk state hospital, — so as to read as follows: — *Section 25.* The state institutions under the control of the department shall be Worcester state hospital, Taunton state hospital, Northampton state hospital, Danvers state hospital, Grafton state hospital, Westborough state hospital, Foxborough state hospital, Medfield state hospital, Monson state hospital, Gardner state hospital, Wrentham state school, Boston state hospital, Walter E. Fernald state school, Boston psychopathic hospital, Belchertown state school, Metropolitan state hospital, Norfolk state hospital, and such others as may hereafter be added by authority of law.

Section 5. Of the appointments of trustees of the Norfolk state hospital which shall be originally made by the governor, with the advice and consent of the council, under authority of this act, as soon as may be after the proclamation of the governor provided for in section two, one shall serve until the expiration of one year, one until the expiration of two years, one until the expiration of three years, one until the expiration of four years, one until the expiration of five years, one until the expiration of six years, and one until the expiration of seven years, from the first Wednesday in February following such proclamation, subject, however, to the provisions of section six of chapter nineteen of the General Laws.

Section 6. Section three shall become effective upon the original appointment of the trustees of the Norfolk state hospital, and section four upon the proclamation provided for in section two. (*Approved July 15, 1935.*)

CHAPTER 444. — *An Act establishing a Forty-eight Hour Week for Certain Employees of the Commonwealth.*

Section 1. Chapter one hundred and forty-nine of the General Laws is hereby amended by striking out section thirty-nine, as appearing in the Tercentenary Edition, and inserting in place thereof the following new section: — *Section 39.* The hours of labor of laborers, workmen and mechanics, of ward attendants, ward nurses, industrial and occupational therapists and watchmen, and of employees in the kitchen, dining-room and domestic services, in state institutions, and of officers and instructors of state penal institutions, shall not exceed forty-eight in each week. Any person whose hours of labor are regulated by this section and whose presence is required at any such institution seven days a week shall be given at least four days off in each month, without loss of pay, in addition to the regular annual vacation. The words "hours of labor" as used in this section shall not be deemed to include any period of time during which a person is in his living quarters wherever located although his presence there is required for the purpose of exercising a measure of supervision over patients or inmates through availability for duty during such time. This section shall not prevent the superintendent, warden, or executive officer from requiring the services of any person in any emergency where the health or safety of patients or inmates would otherwise be endangered, or in any extraordinary emergency, or in apprehending an escaped inmate, nor shall it apply to the hours of labor of any person whose position entitles him to family maintenance as a part of his compensation.

Section 2. Employment of additional persons by reason of the enactment of section one of this act shall be restricted to persons who are citizens of the commonwealth. (*Approved July 25, 1935.*)

CHAPTER 32. — *Resolve providing for an Investigation by a Special Commission relative to the Advisability of Establishing a System of Public Clinics, Hospitals or Other Establishments for the Treatment of Persons addicted to gross and confirmed habits of Intoxication.*

Resolved, That a special commission to consist of the commissioner of correction, the commissioner of mental diseases and the commissioner of public health, is hereby established to investigate the advisability of establishing public clinics, hospitals, or other establishments where persons addicted to gross and confirmed habits of intoxication may be treated. Any of said commissioners, if he so elects, may designate an officer or employee in his department to serve in his place on said commission. Said commission shall report to the general court the results of its investigation and its recommendations, if any, together with drafts of legislation necessary to carry said recommendations into effect, by filing the same with the clerk of the house of representatives on or before the first Wednesday of December in the current year. (*Approved June 26, 1935.*)

CHAPTER 39. — *Resolve authorizing the Transfer of the Control of Certain State Land in the City of Worcester from the Department of Mental Diseases to the Armory Commissioners.*

Resolved, That the commissioner of mental diseases is hereby authorized, with the approval of the governor and council, to transfer to the armory commissioners so much of the land in the city of Worcester now belonging to the Summer Street

department of the Worcester state hospital as, in the opinion of said commissioner, the armory commissioners and the chairman of the commission on administration and finance, may be more advantageously used by the commonwealth for military purposes. (*Approved July 3, 1935.*)

CHAPTER 41. — *Resolve in Favor of the Parents of Thomas F. Connolly, Jr., and the Mother of Walter Lipkind, both of Boston.*

Resolved, That, for the purpose of discharging moral obligation of the commonwealth in the premises, there shall be allowed and paid out of the treasury thereof to the parents of Thomas F. Connolly, Jr., late of Boston, the sum of two thousand dollars and to the mother of Walter Lipkind, late of said Boston, the sum of two thousand dollars, on account of the death of said Thomas F. Connolly, Jr. and of Walter Lipkind, respectively, caused by the negligent administering of medicine to them while inmates of the Boston state hospital. (*Approved July 12, 1935.*)

CHAPTER 45. — *Resolve in Favor of Emma V. Meegan of Ware.*

Resolved, That, for the purpose of discharging the moral obligation of the commonwealth in the premises, and after an appropriation has been made therefor, there shall be allowed and paid out of the treasury thereof to Emma V. Meegan of Ware, the sum of six hundred and twenty-seven dollars and thirty-one cents to reimburse her for expenses incurred by her for the hospital care and burial of her father, James Spellman, who sustained fatal injuries by reason of being struck by a motor vehicle operated by an employee of the state department of mental diseases. (*Approved July 12, 1935.*)

CHAPTER 52. — *Resolve in Favor of Napoleon Benoit of Belchertown.*

Resolved, That, after an appropriation has been made, there be allowed and paid out of the state treasury to Napoleon Benoit, of Belchertown, the sum of nine hundred dollars, in full compensation and satisfaction for all claims and demands whatsoever against the commonwealth which he ever had, now has, or which he or his heirs, executors, administrators or assigns, hereafter can, shall or may have for all damages to his property or business by reason of sewage escaping or released from the Belchertown state school or sewage or treated sewage which may escape or be released from the sewage disposal beds erected on the grounds of said school, as now maintained and operated, into the brook flowing down through the farm of the said Benoit. The said amount shall be certified by the comptroller of the commonwealth only upon the filing of a release, in form approved by the attorney general, duly executed by the said Napoleon Benoit, agreeing that the said sum is received in full satisfaction of any and all claims against the commonwealth and against any officer, agent or employee of the commonwealth on account of such damages. (*Approved July 19, 1935.*)

CHAPTER 54. — *Resolve in Favor of John J. O'Connor of Worcester.*

Resolved, That, for the purpose of discharging the moral obligation of the commonwealth in the premises, and after an appropriation has been made, there be allowed and paid out of the treasury thereof to John J. O'Connor of Worcester, the sum of sixty-five hundred fifty-four dollars and thirty-seven cents, in consideration of the expense to him of performing certain work in connection with the erection of the female ward buildings at the Foxborough state hospital, at the request of the department of mental diseases. (*Approved July 19, 1935.*)

REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS *To the Commissioner of the Department of Mental Diseases:*

During the year ending November 30, 1935, the following members have served as a committee on training schools:

William A. Bryan, M.D., Chairman

Ralph M. Chambers, M.D.

Roderick B. Dexter, M.D.

Arthur N. Ball, M.D., Secretary until June 7.

Riley H. Guthrie, M.D., Appointed Secretary June 7.

The Committee on Nurses' Training Schools has met several times during the past year. Final examinations for junior and senior students in the Regular Training Schools and Psychiatric Training Schools were conducted through the Committee in June with the following results:

TRAINING SCHOOLS	JUNIORS			SENIORS		
	Passed	Failed	Percent Failed	Passed	Failed	Percent Failed
Regular	24	1	4%	54	3	5%
Psychiatric	72	5	6%	39	1	3%

Training Schools giving the regular three-year course have been conducted at the following hospitals:

Danvers State Hospital

Taunton State Hospital

Medfield State Hospital

Westborough State Hospital

Monson State Hospital

Worcester State Hospital

The Worcester State Hospital has discontinued its regular training school this year and has substituted therefor a post-graduate training school.

A two-year course in psychiatric nursing has been conducted in the following state hospitals:

Boston State Hospital

Grafton State Hospital

Foxborough State Hospital

Northampton State Hospital

Gardner State Hospital

In November, 1935, the enrollment in the training schools and the number of affiliates and post-graduate students enrolled during the year were as follows:

Accredited Training Schools

	Preliminary	Intermediate	Senior	Affiliate	Post-graduate
Danvers State Hospital	19	14	11	9	0
Monson State Hospital	0	3	8	6	0
Medfield State Hospital	8	8	12	0	0
Taunton State Hospital	10	0	3	21	11
Westborough State Hospital	15	0	15	0	0
Worcester State Hospital	0	0	3	30	2
Boston Psychopathic Hospital	0	0	0	61	0
	52	25	52	127	13

Psychiatric Training Schools

	Junior	Senior	Affiliates
Boston State Hospital	85	24	0
Foxborough State Hospital	13	8	0
Gardner State Hospital	31	14	0
Grafton State Hospital	13	7	5
Northampton State Hospital	20	9	0
	162	62	5

It will be seen from the above figures that 697 students received instruction in our state hospital training schools during the past year, in addition to instruction given to attendant nurses in all hospitals. Of these 132 were affiliates from general hospital training schools and 13 were post-graduate students.

At the regular fall meeting on November 13, 1935, the Committee met with the principals of the training schools in the 12 state hospitals. It was agreed to recommend to the Commissioner, *first*, that the Psychiatric Training Schools be discontinued; *second*, that student nurses should not be considered as employees and should not receive more than \$10. per month salary; *third*, that 3 student nurses

be allowed to replace 1 attendant on the payroll; and *fourth*, that the thirty-hour course given to attendant nurses by the various hospitals is inadequate.

It is the recommendation of the training school committee that considerable thought and study be given to the establishment of compulsory affiliation in psychiatry. Such affiliation should consist of a minimum of three months' training in a hospital for mental diseases. At the November meeting the Chairman of the Committee appointed two committees from the principals of the Nurses' Training Schools to study and report on:

(1) Compulsory Affiliation in Psychiatric Nursing
and

(2) Organization and curriculum for Attendant Nurses' Training Course.

It is recognized by all that some type of training is essential in every hospital and it is hoped that methods and curricula may be standardized in all State Hospital Training Schools.

Respectfully submitted,

WILLIAM A. BRYAN, M.D., *Chairman*

RALPH M. CHAMBERS, M.D.

RODERICK B. DEXTER, M.D.

RILEY H. GUTHRIE, M.D., *Secretary*.

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1935. Tables 1 to 11, inclusive, immediately follow this report.)

To the Commissioner of the Department of Mental Diseases:

The report is submitted of the activities of the Financial Division for the fiscal year ending November 30, 1935. This report has embodied in it the finances of the Department and the institutions under its financial control, together with the reports of the Department's Engineer, Assistant Engineer, and Farm Coordinator, containing information relating to the work of the Financial Division on appropriations for special purposes, the supervision of major repairs and the overseeing of institution farms, and various tables dealing with these activities.

On August 19, 1935, the position in the training school for stewards was filled, and the incumbent was still in training at the end of the year.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives.

The expenditures of the Department itself, given in Table 2, amount to the sum of \$270,108.73, an increase of \$13,442.53 over that of the previous year. The expenditures under Personal Services were increased.

Salaries were restored on December 1, 1934, by two thirds of the net reduction of 1933. One third of the reduction was restored in 1934.

Table 3 shows the amount appropriated by the legislature for the fiscal year and the balance available from the previous year (which represents liabilities filed of indebtedness incurred prior to the close of the previous fiscal year). These two amounts represent the total appropriation available for the current year. Next is the gross expenses, then the receipts which are for sales only. Receipts for board of patients are shown in Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next are shown the net expenses arrived at by deducting receipts from the gross expenses and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$7.07; that for the schools for defectives is \$6.40; with an average of \$6.94 for the sixteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1934, the average weekly per capita cost for the twelve mental hospitals was \$6.04; or \$1.03 less than 1935. For the schools for mental defectives for the fiscal year 1934 the average weekly per capita cost was \$5.63 or \$.77 less than the average per capita cost for the fiscal year 1935. Taking the total of the sixteen institutions for 1934, the average weekly per capita cost was \$5.96 as compared with the average per capita cost of 1935 of \$6.94, or \$.98 less than the average of 1935. As the net weekly per capita cost for the Boston Psychopathic Hospital is

exceptional compared with that for the other institutions, the average weekly per capita cost for the twelve mental hospitals, when recomputed without the Boston Psychopathic Hospital for 1935 is \$6.88, and the average per capita cost for the fifteen institutions computed without the Boston Psychopathic Hospital is \$6.79.

Table 4 gives in detail the expenses and weekly per capita costs as grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. In comparison with the expenses of 1934, all classifications show an increase in expenditures except Garage and Grounds. A large increase in Personal Services will be noted due to salary increases to two thirds of the net reduction of 1933, effective December 1, 1934, and to the passing of the "48-hour law", previously mentioned in this report.

The average weekly per capita cost per patient for personnel for 1934 was \$3.21 and for 1935 \$3.63, an increase of \$.42 from 1934. This detail will be noted in Table 5.

The rotation of persons employed for the year shows a slight increase in all classifications. (Table 6.)

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the act dealing with special appropriations by the legislature. Under chapter 365 of the Acts of 1933 and Emergency Relief Appropriation Act of 1935, appropriations were made in conjunction with the National Recovery Act on the basis of 30% furnished by the Federal Government, and 70% by the Commonwealth. Detail of these appropriations is given in the report of the Department engineers, and in Table 7 where are shown all of the appropriations of this nature active during the fiscal year. This table deals with indebtedness incurred and balances available rather than with the actual cash payments and cash balances. If cash payments and cash balances are desired they can be obtained by referring to the report of the Comptroller of the Commonwealth. This table more clearly represents the actual condition of the appropriation as it shows the true balances available for additional expenditures.

Receipts during the year from paying patients, collected by the institutions under the direction of the Division of Legal Settlement and Support Claims, amounted to \$787,047.56, an increase from the receipts of 1934 of \$25,607.34. The per capita amount received in 1935, based on average daily patient population was \$30.89. The receipts from paying patients were 8.47% of the total cost of maintenance. (Table 8).

Section 27, Chapter 123 of the General Laws reads as follows: "The Trustees of each state hospital shall be a corporation for the purpose of taking and holding by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof".

Under this section hospitals have received gifts as shown in Table 9 which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the donor. This Department encourages gifts made under this law and from them special benefits are derived by the patients in ways not always possible from the funds of the Commonwealth.

The printing plant, conducted by the Department at the Gardner State Hospital, permits of a valuable form of occupational therapy for patients and at the same time meets the printing needs of the Department and its institutions. During the year the following material was printed: 295,500 letterheads; 77,150 envelopes; 41,150 Christmas folders; 28,000 Christmas labels; 56,350 triplicate order blanks; 3,888,415 medical and other forms and cards of 371 varieties; 196,814 pay roll checks; 2,300 booklets; 2,400 bulletins and books; 3,000 contract forms; 9,950

department and institution annual reports; and 600 reprints. The total cost of these forms was \$5,216.93 which does not include the cost of most of the paper (which is furnished by the Commission on Administration and Finance) and does not include the cost of typesetting for the annual reports, booklets and bulletins.

The reports of the Department's Engineer, Assistant Engineer, and Farm Coordinator are appended.

REPORT OF THE DEPARTMENT ENGINEER

The work under the PWA program continued throughout the year. With the exception of the furnishings for the various buildings all of the projects in the original program were contracted for and the work well under way. Many of the contracts for furnishings and equipment were also awarded. A number of contracts were completed and put into operation among which were the heating plant at Northampton State Hospital; the steam lines at Monson State Hospital; alterations to the service building and the canning plant at Belchertown State School; the fire-proof balconies, standpipe, sprinklers, and stair towers at the Worcester State Hospital; the shop buildings, laundry building and traffic tunnel at Westborough State Hospital; the sprinkler system and boiler plant alterations at the Grafton State Hospital; the trunk sewer at the Walter E. Fernald State School; the laboratory and mortuary building at the Metropolitan State Hospital; sprinklers, rewiring and stair towers at Danvers State Hospital; the laboratory and mortuary building at the Boston State Hospital; and the laundry building addition at the Wrentham State School. Many other contracts were completed except for equipment which is expected early in the coming year.

During the latter part of the year an additional list of projects were called for and 12 projects were selected for advertising. Contracts were not awarded on these during this year.

The total number of contracts awarded to November 30, 1935, was 71 with a value of \$1,943,688.15.

The usual supervision and inspection of institution and construction work was carried out. To provide field inspection of PWA construction there were 18 clerks of the work assigned to the various projects and reporting to the Engineer. Their duties were to see that the plans and specifications were carried out and to act as contact men between the Federal Government and the contractor as the department's representatives in the field.

A series of classes for stewards and head laundry men were instituted by the Engineer at which improved methods of washing were discussed. The principal speaker was Mr. C. E. Lenox who explained a simplified method of maintaining a chemical control of washing formulae. The system has been adopted and carried out in all laundries through the supervision of Dr. F. F. Flanders of the Purchasing Laboratory and Mr. Frank Roffey, the laundry supervisor of the Commission on Administration and Finance.

REPORT OF THE ASSISTANT ENGINEER

In addition to investigating the Institutions' requests for major repair items subsequently allowed in the annual budget, a great amount of detail work has been done during the past year in the preparation of the specifications for the furnishings for the building built under the PWA program and recommendations made as to the awards based upon the publicly opened bids.

Under the Repairs and Renewals sections of the appropriations granted to the Institutions under this Department, particular attention was paid to roofing and steam line repairs at the Boston State Hospital and an extension to the garage was built at this institution by the Hospital maintenance mechanics.

At the Danvers State Hospital, repairs were made to the coal trestle, replacing the wooden deck with a reinforced concrete slab. The exterior walls of the buildings of the Middleton Colony Group were repaired and fireproofed by means of cement asbestos siding. Mechanical refrigeration was installed on the wards and insulated food trucks and drinking fountains purchased.

Many kitchen equipment items at the Foxborough State Hospital were replaced and a call bell system was installed and obsolete hot water controls replaced.

A start was made on a program of providing the Gardner State Hospital with mechanical refrigeration. A vegetable preparation room was built at this hospital

which will provide comfortable working conditions for the patients who prepare the vegetables for cooking. A new poultry house was erected which will provide accommodations for 500 hens.

At the Grafton State Hospital, the Pines Service was provided with mechanical refrigeration. Sun porches were built on the Pines A Building and new hot water controls installed.

New X-Ray Equipment was purchased for the Medfield State Hospital and renewals of plastering and painting were made at the Northampton State Hospital.

An addition to the pigery was built at the Westborough State Hospital and obsolete hot water mixers were replaced.

Additional bakery and kitchen equipment was added at the Worcester State Hospital and the plumbing at the Nurses' Home was renewed.

Items of floor replacements, the installation of window guards and window screens and the repair of boiler bridge walls were carried to completion at the Monson State Hospital.

The buildings of the Farm Colony No. 1 were painted at the Belchertown State School and a start was made on weatherstripping the windows of the Employees' Cottages. Play pavilions for Dormitories A and K were installed. The repairs of floors, plumbing and lighting were carried out at the Walter E. Fernald State School and a new milking machine with new piping was installed in the Waverly Barn.

A new tile floor was installed in the main kitchen of the Wrentham State School and the enlargement of the vegetable cellar was completed and new pen equipment installed in the pigery.

Twenty-five (25) visits were made during the year to the institutions in connection with maintenance and special appropriation projects.

ANNUAL REPORT OF THE FARM CO-ORDINATOR

To a greater degree than during the past, new and more complex problems in agriculture are constantly arising. The function of this office during the year is to discover and apply solutions of these problems and to bring findings of various experiment stations and commercial growers to the farmers in the various institutions, and also aid in the readjustment of agriculture to a changed economic system. More now than in the past, progress and success in agriculture depend directly upon applying of facts discovered by science. One fact is inescapable and that is the use of modern discoveries to aid the producer to assist the institution economically and financially.

During the year we have enjoyed the co-operation of the Massachusetts State College, the College Experiment Station and the State Department of Agriculture in attempting to solve the various problems.

Perhaps the most important and far reaching is the attempt of this office to eradicate or at least control Bang's disease. To accomplish this purpose Mr. Charles F. Riordan, Director of the Division of Livestock Disease Control, kindly consented to have his Department veterinarians draw blood samples from all bovine animals in the various institutions for the purpose of submitting these bloods to the agglutination test. Several herds were found badly infected and were marked positive and control obtained by vaccination. In institution herds where the infection was but a small percentage of the total animals, the positive animals were transferred to institutions having positive herds, allowing the former institutions to remain in the negative classification. This system has saved the Commonwealth many thousands of dollars financially and has allowed also the transferring of blood lines especially of the high producing strains to institutions of a lower standard. Undoubtedly during the future, this transferring will be noted by the increase in production obtained by present low producing herds.

To carry out the above formulated plan, it has been necessary to lessen the individual production. This reduction will be temporary at best and during the coming year an increase should be noted.

During the year the State legislature passed the so-called "48 hour law". Inasmuch as this law covered all employees engaged in agriculture in the various institutions, it became necessary to devise ways and means of accomplishing agricultural duties quicker than in the past. In attempting to take care of this

need, many of the institution horses have been replaced by motor power. It is expected that this system of management will allow the production of a given commodity at a lower rate per unit, plus the performing of the necessary labor during a time when the crop is best suited for such labor to be performed.

Institution visits totaled 114 or an approximate average of 8 visits to each institution.

The farm production has been valued at the same commodity prices as were used during previous years. The value of the production is \$800,313.93. (See Tables 10 and 11). This production is most creditable due to the unusual climatic conditions that prevailed during the growing season. Very few of the institutions are equipped with irrigation systems. Their crops therefore suffer during extremely dry weather.

The average number of cows for the year was 758.02 with an average milk production of 12,774.96 pounds, and a net cost per quart of \$.0620. The Department feels that the dairy herds are in a most satisfactory physical condition and with the current Bang's disease now under control, the future should bring much higher individual figures.

The production of pork amounted to 802,756 pounds. Many of the institutions at this time have provided themselves with proper facilities for the rearing and growth of swine and it appears that the year 1936 will show a lower mortality record and pork will be produced at a lower unit cost.

The Department in this year had under its supervision 6,728 hens with an average production of approximately 197 eggs per hen.

The Gardner State Hospital recently completed the first three-story laying house and it is hoped to construct more of this type of housing as soon as statistics prove its real value.

The canning departments in the various hospitals were particularly active during the year. A total of 1,401,706.95 pounds of fruits and vegetables were conserved with a very low rate of spoilage.

During July the Department approved monthly meetings for head farmers employed in the various hospitals. These meetings have been most beneficial and helpful to all men attending. It allows the debating of management methods, eradication of disease and control of other troublesome problems which occasionally arise. Many of the meetings were attended by specialists in different divisions of agriculture and their talks were most constructive and proved extremely interesting to all. It is hoped that these meetings may continue in the future and permit time for other expert agriculturalists to attend.

Respectfully submitted,

WARREN A. MERRILL,

Business Agent.

FINANCIAL STATISTICS FOR THE YEAR ENDED NOVEMBER 30, 1935

TABLE 1. *Total Expenditures of Department and Institutions*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance and Operation (Net) ¹	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
Department of Mental Diseases	\$213,189.16	\$56,919.57	—	\$270,108.73
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	164,174.12	69,866.32	—	234,040.44
Boston State Hospital	499,140.31	429,358.54	\$459,635.62	1,388,134.47
Danvers State Hospital	366,912.74	383,243.94	241,234.92	991,391.60
Foxborough State Hospital	233,279.12	212,436.82	245,975.57	691,691.51
Gardner State Hospital	241,400.70	254,636.45	108,176.15	604,213.30
Grafton State Hospital	303,228.90	251,836.36	133,284.48	688,349.74
Medfield State Hospital	338,743.62	284,609.39	153,793.31	777,146.32
Metropolitan State Hospital	197,275.78	253,516.77	427,787.59	878,580.14
Northampton State Hospital	286,142.92	272,945.46	464,731.09	1,023,819.47
Taunton State Hospital	311,468.24	250,388.68	330,524.69	892,381.61
Westborough State Hospital	312,459.40	263,652.39	374,989.99	951,101.78
Worcester State Hospital	451,509.24	396,103.04	298,775.03	1,146,387.31
Monson State Hospital (epileptic)	299,297.94	237,965.62	228,324.84	765,588.40
Total Hospitals	\$4,218,222.19	\$3,617,479.35	\$3,467,233.28	\$11,302,934.82
<i>Schools for Mental Defectives:</i>				
Belchertown State School	\$229,543.73	\$224,989.99	\$69,753.94	\$524,287.66
Walter E. Fernald State School	328,829.87	301,038.78	303,350.93	933,219.58
Wrentham State School	271,176.32	276,374.03	77,543.18	625,093.53
Total Schools	\$829,549.92	\$802,402.80	\$450,648.05	\$2,082,600.77
Grand Total	\$5,047,772.11	\$4,419,882.15	\$3,917,881.33	\$13,385,535.59

¹Less salesTABLE 2. *Departmental Receipts and Expenditures*
Expenditures

	APPROPRIATIONS			Expenditures (net)	Balance
	Appropriation 1935	Brought Forward From 1934 Appropriation	Total Available		
Personal Services	\$139,070.00	—	\$139,070.00	\$135,569.16	\$3,500.84
Expenses	20,400.00	\$1,114.70	21,514.70	20,493.74	1,020.96
Transportation	13,000.00	—	13,000.00	9,348.40	3,651.60
Persons Boarded in Family Care	—	—	—	—	—
Persons Boarded, Hospital Cottages	18,200.00	—	18,200.00	17,252.00	948.00
Investigation of Mental Diseases and Defects	86,340.00	2,356.30	88,696.30	87,445.43	1,250.87
Total	\$277,010.00	\$3,471.00	\$280,481.00	\$270,108.73	\$10,372.27

Receipts

Payable to State Treasurer:	
Licenses	\$900.00
Reimbursements for Services	145.33
Sales	33.69
Other Receipts	151.26
Total	\$1,230.28

TABLE 3. *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institution*
(For detail of Net Expenses and Net Per Capita Cost see Table 4.)

INSTITUTIONS	Amount Appropriated in 1935	Balance from 1934	Total Appropriation	Gross Expenses	Receipts ¹	Net Expenses	Daily Average Number of Patients	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$234,897.00	\$4,161.46	\$239,058.46	\$234,266.25	\$225.81	\$234,040.44	80.43	\$55.959
Boston State Hospital	935,730.00	28,775.12	964,505.12	929,138.45	639.60	928,498.85	2,409.28	7.732
Danvers State Hospital	751,850.00	19,022.00	770,872.00	752,098.02	1,941.34	750,156.68	2,186.00	6.591
Foxborough State Hospital	459,060.00	10,822.66	469,882.66	446,842.37	1,126.43	445,715.94	1,208.83	7.091
Gardner State Hospital	513,195.00	16,324.49	529,519.49	498,618.11	2,580.96	496,037.15	1,447.59	6.59
Grafton State Hospital	565,620.00	13,405.80	579,025.80	557,008.05	1,942.79	555,065.26	1,413.28	7.553
Medford State Hospital	638,245.00	9,684.46	647,919.46	624,422.99	1,069.98	623,353.01	1,832.43	6.542
Metropolitan State Hospital	488,368.00	17,802.93	506,170.93	467,084.22	16,291.67	450,792.55	1,422.60	6.094
Northampton State Hospital	577,132.00	15,415.92	592,547.92	559,724.35	635.97	559,088.38	1,850.51	5.81
Taunton State Hospital	575,850.00	10,634.37	586,484.37	562,443.54	586.62	561,856.92	1,605.07	6.731
Westborough State Hospital	575,770.00	13,697.92	589,467.92	579,567.25	3,485.46	576,111.79	1,507.19	7.351
Worcester State Hospital	869,570.00	30,063.53	899,633.53	851,909.38	4,297.10	847,612.28	2,306.77	7.066
Monson State Hospital (epileptic)	553,255.00	17,157.74	570,412.74	538,973.79	1,710.23	537,263.56	1,470.12	7.028
Total	\$7,738,732.00	\$206,968.40	\$7,945,700.40	\$7,602,096.77	\$36,503.96	\$7,565,592.81	20,577.13	\$7.071
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$453,950.00	\$3,879.46	\$457,829.46	\$455,526.10	\$992.38	\$454,533.72	1,278.33	\$6.832
Walter E. Fernald State School	657,350.00	12,913.01	670,263.01	631,583.58	1,714.93	629,868.65	1,812.56	6.683
Wrentham State School	568,385.00	13,225.07	581,610.07	548,693.23	1,142.88	547,550.35	1,812.73	5.252
Total	\$1,679,685.00	\$30,017.54	\$1,709,702.54	\$1,635,802.91	\$3,850.19	\$1,631,952.72	4,903.62	\$6.40
Grand Total	\$9,418,417.00	\$236,985.94	\$9,655,402.94	\$9,237,899.68	\$40,354.15	\$9,197,545.53	25,480.75	\$6.942

¹Receipts from Sales only.

The net weekly per capita cost for the
Wrentham State School should be \$5.808.

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$164,008.12	\$39.106	\$1,119.96	\$.28	\$5,098.09	\$1.21	\$25,325.06	\$6.03
Boston State Hospital	498,851.31	4.142	2,080.00	.01	7,489.89	.06	179,824.08	1.49
Danvers State Hospital	366,691.74	3.217	2,032.02	.01	7,724.08	.06	114,756.23	1.00
Foxborough State Hospital	233,151.12	3.698	1,360.00	.02	5,814.68	.09	73,167.94	1.16
Gardner State Hospital	241,249.70	3.19	1,402.70	.01	4,402.37	.05	63,551.80	.84
Grafton State Hospital	303,046.90	4.112	1,476.00	.02	4,963.62	.06	69,869.18	.94
Medfield State Hospital	338,548.62	3.543	2,080.00	.02	5,798.24	.06	102,725.67	1.07
Metropolitan State Hospital	197,165.78	2.657	1,740.00	.02	4,204.64	.05	119,174.94	1.60
Northampton State Hospital	285,970.92	2.963	1,420.00	.01	5,443.06	.05	105,613.27	1.09
Taunton State Hospital	311,293.24	3.71	2,160.00	.02	6,047.67	.07	94,796.33	1.13
Worcester State Hospital	312,265.40	3.973	1,479.10	.01	6,247.16	.07	90,753.13	1.15
Worcester State Hospital	451,241.24	3.751	2,638.67	.02	8,955.29	.07	147,830.61	1.22
Monson State Hospital (epileptic)	299,104.94	3.90	1,545.92	.02	4,801.39	.06	74,116.32	.96
Total	\$4,002,589.03	\$3.73	\$22,614.37	\$.02	\$76,990.18	\$.07	\$1,261,504.56	\$1.17
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$229,408.73	\$3.44	\$1,530.00	\$.02	\$5,409.60	\$.08	\$70,458.73	\$1.05
Walter E. Fernald State School	328,633.87	3.47	2,680.00	.02	6,484.54	.06	97,416.06	1.03
Wrentham State School	271,006.32	2.86	1,777.50	.01	5,828.87	.06	98,900.76	1.04
Total	\$829,048.92	\$3.24	\$5,987.50	\$.02	\$17,723.01	\$.06	\$266,775.55	\$1.04
Grand Total	\$4,831,637.95	\$3.636	\$28,601.87	~ \$.02	\$94,713.19	\$.07	\$1,528,280.11	\$1.15

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Continued*

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT AND OTHER PLANT OPERATION	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$682.25	\$.13	\$3,595.22	\$.856	\$14,153.13	\$3.37	\$11,390.12	\$2.70
Boston State Hospital	28,350.02	.23	34,371.27	.28	19,303.57	.16	101,124.67	.83
Danvers State Hospital	27,616.12	.24	31,006.37	.27	14,363.60	.12	117,075.03	1.02
Foxborough State Hospital	12,452.64	.19	19,591.03	.31	9,779.31	.15	45,223.81	.71
Gardner State Hospital	13,697.26	.18	18,899.17	.25	31,775.93	.42	60,772.21	.80
Granton State Hospital	16,291.56	.22	22,650.29	.30	11,324.37	.15	62,702.84	.85
Medfield State Hospital	18,864.75	.19	24,280.38	.25	10,403.19	.10	57,452.26	.60
Metropolitan State Hospital	12,506.83	.16	20,210.90	.27	10,553.87	.14	58,222.11	.78
Northampton State Hospital	9,708.57	.10	26,534.83	.27	10,066.47	.10	61,835.11	.64
Taunton State Hospital	10,559.30	.12	23,026.37	.28	10,230.85	.12	45,310.92	.54
Westborough State Hospital	16,909.94	.21	22,945.57	.29	11,880.36	.15	58,772.50	.74
Worcester State Hospital	15,691.60	.13	29,534.23	.24	37,733.69	.31	95,079.30	.79
Monson State Hospital (epileptic)	12,380.20	.16	19,751.85	.25	9,358.65	.12	71,280.34	.92
Total	\$195,711.04	\$.18	\$296,997.48	\$.27	\$200,926.99	\$.18	\$846,241.22	\$.78
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$17,078.86	\$.256	\$20,431.91	\$.30	\$6,079.30	\$.09	\$47,915.03	\$.71
Walter E. Fernlund State School	17,975.07	.19	22,504.02	.23	9,095.37	.09	73,573.00	.77
Wrentham State School	26,781.58	.28	22,175.16	.23	8,836.00	.09	44,918.65	.47
Total	\$61,835.51	\$.24	\$65,111.09	\$.25	\$24,010.67	\$.09	\$166,406.68	\$.65
Grand Total	\$257,546.55	\$.19	\$362,108.57	\$.27	\$224,937.66	\$.16	\$1,012,647.90	\$.76

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs grouped according to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Concluded*

INSTITUTIONS	FARM		GARAGE AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	—	—	\$381.65	\$.09	\$3,208.84	\$.76	\$4,480.00	\$1.06
Boston State Hospital	\$5,749.21	\$.04	11,819.21	.09	14,810.66	.12	24,435.96	.20
Danvers State Hospital	29,490.62	.25	5,123.80	.04	18,375.56	.16	15,680.51	.13
Foxborough State Hospital	22,190.58	.35	4,004.65	.06	7,928.69	.12	10,867.68	.17
Gardner State Hospital	32,455.00	.42	4,581.31	.06	11,689.01	.15	11,409.69	.15
Grafton State Hospital	32,975.48	.44	6,304.64	.08	10,742.35	.14	12,536.03	.17
Medfield State Hospital	26,988.80	.28	5,390.21	.05	14,102.95	.14	9,617.66	.10
Metropolitan State Hospital	5,206.92	.07	5,602.65	.07	7,135.84	.09	8,958.07	.12
Northampton State Hospital	25,023.36	.25	4,566.82	.04	12,349.46	.12	10,382.01	.10
Taunton State Hospital	28,219.03	.33	4,568.11	.05	11,872.92	.14	12,727.18	.15
Westborough State Hospital	21,841.70	.27	7,022.65	.08	12,681.69	.16	13,079.59	.16
Worcester State Hospital	27,513.59	.22	5,412.72	.04	15,487.12	.12	10,104.46	.08
Monson State Hospital (epileptic)	20,264.17	.26	6,095.79	.07	8,878.88	.11	9,492.11	.12
Total	\$277,918.46	\$.25	\$70,875.21	\$.06	\$149,263.97	\$.13	\$153,770.95	\$.14
<i>Schools for Mental Defectives:</i>								
Belchertown State Hospital	\$31,900.44	\$.47	\$5,086.58	\$.07	\$9,440.98	\$.14	\$9,658.56	\$.14
Walter E. Fernald State School	31,636.07	.33	4,142.62	.04	10,900.94	.11	24,631.09	.26
Wrentham State School	35,784.34	.37	5,469.50	.05	10,748.70	.11	15,152.97	.16
Total	\$99,320.85	\$.37	\$14,698.70	\$.05	\$31,090.62	\$.12	\$49,442.62	\$.19
Grand Total	\$377,239.31	\$.28	\$85,573.91	\$.06	\$180,354.59	\$.13	\$203,213.57	\$.15

TABLE 5. *Analysis of Pay Rolls — By Institution*

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	\$9.23	\$10.00	\$.47	\$19.38	\$39.08
Boston State Hospital . . . . .	.30	2.00	.11	1.54	3.95
Danvers State Hospital . . . . .	.25	1.52	.05	1.38	3.20
Foxborough State Hospital . . . . .	.38	1.48	.10	1.73	3.69
Gardner State Hospital . . . . .	.30	1.43	.11	1.33	3.17
Grafton State Hospital . . . . .	.33	1.55	.08	2.12	4.11
Medfield State Hospital . . . . .	.28	1.57	.09	1.58	3.52
Metropolitan State Hospital . . . . .	.22	1.12	.04	1.20	2.58
Northampton State Hospital . . . . .	.25	1.35	.04	1.30	2.94
Taunton State Hospital . . . . .	.32	1.53	.07	1.66	3.58
Westborough State Hospital . . . . .	.30	1.61	.08	1.90	3.97
Worcester State Hospital . . . . .	.30	1.78	.08	1.57	3.75
Monson State Hospital (epileptic) . . . . .	.33	1.86	.07	1.62	3.90
Averages	\$.34	\$1.65	\$.08	\$1.64	\$3.73
<i>Schools for Mental Defectives:</i>					
Belchertown State School	\$.29	\$1.21	\$.25	\$1.54	\$3.29
Walter E. Fernald State School . . . . .	.28	1.56	.32	1.30	3.47
Wrentham State School . . . . .	.24	1.30	.25	1.08	2.86
Averages	\$.27	\$1.41	\$.27	\$1.20	\$3.24
Grand Averages	\$.33	\$1.60	\$.12	\$1.57	\$3.63

TABLE 6. *Rotation in Service of Persons Employed in Institutions*

INSTITUTIONS	PERSONS				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	1.28	2.07	1.00	1.16	1.50
Boston State Hospital	1.24	1.41	1.17	1.17	1.32
Danvers State Hospital	1.18	1.36	1.71	1.23	1.32
Foxborough State Hospital	1.33	1.98	1.16	1.44	1.70
Gardner State Hospital	1.10	1.22	1.10	1.05	1.15
Grafton State Hospital	1.13	1.29	1.28	1.18	1.24
Medfield State Hospital	1.40	1.46	1.00	1.34	1.38
Metropolitan State Hospital	1.05	1.33	1.20	1.31	1.31
Northampton State Hospital	1.14	1.35	1.00	1.18	1.28
Taunton State Hospital	1.44	2.12	1.13	1.30	1.73
Westborough State Hospital . . . . .	.91	1.57	1.00	1.22	1.39
Worcester State Hospital	1.18	1.33	1.20	1.13	1.24
Monson State Hospital (epileptic)	1.44	1.22	1.00	1.08	1.20
Average	1.16	1.44	1.14	1.21	1.34
<i>Schools for Mental Defectives:</i>					
Belchertown State School	1.28	1.77	1.41	1.22	1.52
Walter E. Fernald State School	1.18	1.39	1.20	1.19	1.31
Wrentham State School	1.00	1.33	1.07	1.06	1.24
Average	1.14	1.44	1.21	1.15	1.33
Total Average	1.16	1.75	1.17	1.20	1.34

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1935	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
HOSPITALS FOR MENTAL DISEASES								
Boston Psychopathic Hospital								
Boston State Hospital								
Reception Building	268	1931	\$400,000.00	—	\$399,356.10	—	\$399,356.10	\$643.90
Iron Fence	249	1935	—	—	—	\$37.26	37.26	12,962.74
Sprinkler	249	1935	—	—	—	—	—	26,800.00
Carpenter Shop — M-1	NIRA & 365	1933	14,690.07 ¹	—	14,690.07	—	14,690.07	—
Power Plant — M-2	NIRA & 365	1933	422,000.00	—	321,790.20	65,648.36	387,438.56	34,561.44
Tuberculosis Pavilion — M-3	NIRA & 365	1933	173,000.00	—	169,568.27	2,919.92	172,488.19	511.81
Male Employees' Building — M-4	NIRA & 365	1933	245,170.04 ¹	—	245,170.04	—	245,170.04	—
Furnishing and Equipment — M-4A and M-5A	NIRA & 365	1933	42,000.00	1,000.00	5.22	25,738.40	25,743.62	17,256.38
Employees' and Officers' Building, M-5	NIRA & 365	1933	133,461.64 ¹	—	133,461.64	—	133,461.64	—
Three Officers' Cottages — M-6	NIRA & 365	1933	45,000.00	7,000.00	33,691.55	12,877.33	46,568.88	5,431.12
Laboratory and Mortuary Building — M-29	NIRA & 365	1933	55,000.00	17,500.00	51,774.23	13,102.88	64,877.11	7,622.89
Sprinklers — M-111	ERA & 365*	33 & 35	—	99,536.00	—	11.34	11.34	99,524.66
Danvers State Hospital								
Canning Plant	249	1935	—	2,400.00	—	2,194.76	2,194.76	205.24
Flat Work Ironer	249	1935	—	8,850.00	—	8,820.09	8,820.09	29.91
Equipment Power Plant	249	1935	—	3,000.00	—	44.73	44.73	2,955.27
Equipment Repair to Boiler Room	249	1935	—	19,500.00	—	19,493.19	19,493.19	6.81
Remodeling Grove Hall	249	1935	—	6,000.00	—	4,896.80	4,896.80	1,103.20
Three Boilers — M-101	ERA & 365*	35 & 33	—	150,000.00	—	107.90	107.90	149,982.10
Fire Alarm — M-112	ERA & 365*	35 & 33	—	56,500.00	—	91.84	91.84	56,408.16
Hydrotherapy Building — M-7	NIRA & 365	1933	119,000.00	26,000.00	121,514.25	13,642.97	135,157.22	9,842.78
Sprinklers rewiring and Fireproof Stairs — M-42	NIRA & 365	1933	107,000.00	15,000.00	106,977.78	14,548.54	121,526.32	473.68
Falmouth State Hospital								
Equipment Hydrotherapeutic Suite	249	1935	—	10,000.00	—	—	—	10,000.00
Fire Protection	249	1935	—	8,000.00	—	31.30	31.30	7,968.70
Sewer Beds — M-102	ERA & 365*	35 & 33	—	50,000.00	—	103.44	103.44	49,896.56
Laundry Building — M-8	NIRA & 365	1933	102,000.00	2,000.00	80,976.79	22,457.23	103,434.02	565.98
Tuberculosis Pavilion and Verandas — M-9 and 30	NIRA & 365	1933	225,000.00	4,000.00	206,603.30	1,408.26	208,011.56	20,988.44
Assembly Building — M-31	NIRA & 365	1933	129,000.00	1,000.00	123,741.64	5,507.05	129,248.69	751.31
Power House — M-32	NIRA & 365	1933	108,000.00	76,000.00	37,161.05	114,829.65	151,990.70	32,009.30

*as amended.

¹Appropriation decrease.

Power Plant — M-14	1933	NIRA & 365	360,000.00	17,000.00	343,888.68	25,520.65	369,409.33	7,590.67
Ward Building — M-15	1933	NIRA & 365	233,000.00 ¹	—	192,699.11	2,119.38	194,818.49	38,181.51
Dining and Service Building — M-16	1933	NIRA & 365	106,000.00	—	77,047.86	23,178.75	101,126.61	4,873.39
Laundry Building — M-53	1933	NIRA & 365	94,000.00	10,000.00	5,885.26	96,079.09	101,964.35	2,035.65
<i>Taunton State Hospital</i>								
Laundry Equipment	1935	249	—	6,100.00	—	5,725.00	5,725.00	375.00
Purchase of Morse Property	1935	249	—	300.00	—	277.41	277.41	22.59
Purchase of Staples Property	1935	249	—	3,100.00	—	3,077.41	3,077.41	22.59
Superintendent's House	30 & 32	115-170	21,000.00	—	20,765.64	20,765.64	234.36	84,794.25
Two Boilers and Equipment — M-100	35 & 33	ERA & 365*	—	84,900.00	—	105.75	105.75	—
Sprinklers — M-46	1933	NIRA & 365	21,000.00	—	14,611.96	1,989.45	16,601.41	4,398.59
Hospital Building, Infirmary, etc. — M-47	1933	NIRA & 365	951,000.00	95,000.00	308.99	950,391.55	950,391.55	95,299.46
<i>Westborough State Hospital</i>								
Addition to Garage	1935	249	—	2,500.00	—	584.59	584.59	1,915.41
Change in Water Supplies	1935	249	—	5,300.00	—	2,877.04	2,877.04	2,422.96
Resurfacing Sewer Beds	1935	249	—	4,500.00	—	33.50	33.50	4,466.50
Renovation of Plumbing — Talbot Building	1935	249	—	6,500.00	—	—	—	6,500.00
Coal Saving Equipment	1935	497	—	12,000.00	—	—	—	12,000.00
Laundry Building — M-18	1933	NIRA & 365	62,000.00	—	60,332.60	568.62	60,901.22	1,098.78
Equipment Laundry Building and Rear Center — M-18A — 19A	1933	NIRA & 365	47,000.00	—	115.67	25,810.65	25,926.32	21,073.68
Development of Rear Center — M-19	1933	NIRA & 365	258,000.00	17,000.00	248,822.02	19,309.50	268,131.92	6,868.08
Nurses' Home — M-35	1933	NIRA & 365	257,000.00	6,000.00	256,151.35	5,898.02	262,049.37	950.63
Tunnel to Assembly Building — M-36	1933	NIRA & 365	6,000.00	—	4,104.21	44.50	4,148.71	1,851.29
Shop Building — M-37	1933	NIRA & 365	29,000.00	3,000.00	28,433.39	3,387.97	31,821.36	178.64
Vegetable Storage — M-38	1933	NIRA & 365	21,500.00	—	20,597.67	—	20,597.67	902.33
<i>Worcester State Hospital</i>								
Window Caulking	1935	249	—	5,000.00	—	—	—	5,000.00
Roof Repairs	1935	249	—	7,700.00	—	—	—	7,700.00
Renovation of Quinby Ward Building	1935	249	—	18,000.00	—	—	—	18,000.00
Mechanical Refrigeration	1935	249	—	14,400.00	—	—	—	14,400.00
Alteration for Fire Protection — M-20	1933	NIRA & 365	90,000.00	—	87,403.80	2,387.56	89,791.36	208.64
Fire Proof Balconies — M-48	1933	NIRA & 365	138,000.00	—	102,444.25	7,872.74	110,266.99	27,733.01
Sprinklers and rewiring — M-49	1933	NIRA & 365	111,000.00	3,000.00	109,886.87	2,217.53	112,104.40	1,895.60
Standpipe — M-39	1933	NIRA & 365	42,000.00	—	36,259.92	4,706.21	40,966.13	1,033.87
Hydrotherapy Building — M-50	1933	NIRA & 365	121,000.00	4,000.00	108,954.33	3,598.56	112,552.89	12,447.11
<i>Monson State Hospital</i>								
Completion of Garage	1935	249	—	2,000.00	—	—	—	2,000.00
Additional Fire Protection	1935	249	—	9,000.00	—	—	—	9,000.00
Laundry Equipment	1934	162	15,000.00	—	—	14,654.73	345.27	—
Kitchen, Dining Room and Bakery — M-51	1933	NIRA & 365	323,500.00	—	3,084.76	265,274.30	268,959.06	54,540.94
Storehouse and Cold Storage — M-21	1933	NIRA & 365	112,000.00	—	106,539.83	106,539.83	5,460.17	—
Hot Water Lines — M-22	1933	NIRA & 365	100,000.00	—	96,299.99	2,144.98	98,444.97	1,555.03
Sewer Beds — M-23	1933	NIRA & 365	65,000.00	2,500.00	64,535.58	2,514.38	67,049.96	450.04
Total for Hospitals			\$12,518,571.75	\$1,702,669.00	\$10,040,617.67	\$2,264,287.77	\$12,304,905.44	\$1,916,335.31

*as amended.

¹Appropriation decrease.

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Concluded

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1935	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
SCHOOLS FOR MENTAL DEFECTIVES								
<i>Belchertown State School</i>								
Additional Ovens	249	1935	—	\$4,500.00	—	—	—	\$4,500.00
Metal Shelving and Bins	249	1935	—	2,500.00	—	\$37.07	\$37.07	2,462.93
Alterations to Service Building — M-40	NIRA & 365	1933	\$98,000.00	4,000.00	\$92,803.38	8,404.51	101,207.89	792.11
<i>Walter E. Fernald State School</i>								
Boiler House Improvements	249	1935	—	21,000.00	—	13,880.35	13,880.35	7,119.65
Renovating and Furnishing Cottage	249	1935	—	10,000.00	—	—	—	10,000.00
Recreational Equipment	249	1935	—	1,600.00	—	16.85	16.85	1,583.15
Administration Building — M-104	ERA & 365*	33 & 35	—	138,700.00	—	159.83	159.83	138,540.17
Infirmary Building — M-25	NIRA & 365	1933	255,000.00	45,000.00	214,876.52	64,192.91	279,069.43	20,930.57
Hot Water System — M-41	NIRA & 365	1933	91,500.00	14,000.00	85,324.33	20,012.27	105,336.60	163.40
Trunk Sewer — M-52	NIRA & 365	1933	42,000.00	—	137.32	32,374.95	32,512.27	9,487.73
<i>Wrentham State School</i>								
X-Ray Equipment	249	1935	—	4,500.00	—	—	—	4,500.00
Reconstruction of Sewer Beds	249	1935	—	21,000.00	—	—	—	21,000.00
Laundry Equipment	249	1935	—	4,400.00	—	3,628.16	3,628.16	771.84
New Roof-Boiler Building	371	1933	10,700.00	—	19.66	10,520.65	10,540.31	159.69
Purchase of Land	115	1930	10,000.00	—	—	—	—	—
	170	1932	—	—	—	7,582.06	7,582.06	2,417.94
	384	1934	—	—	—	3,594.14	100,847.73	152.27
Nursery and Laundry Building — M-26, M-27	NIRA & 365	1933	98,000.00	3,000.00	97,253.59	—	—	—
Total for Schools			\$650,200.00	\$274,200.00	\$490,414.80	\$164,403.75	\$654,818.55	\$224,581.45
Grand Total			\$13,123,771.75	\$1,976,869.00	\$10,531,032.47	\$2,428,691.52	\$12,959,723.99	\$2,140,916.76

*as amended.

TABLE 8. Receipts from Paying Patients — By Institutions

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
<i>Hospitals for Mental Diseases:</i>			
Boston Psychopathic Hospital	271	\$8,387.07	\$30.94
Boston State Hospital	240	99,174.80	413.22
Danvers State Hospital	314	107,538.71	342.47
Foxborough State Hospital	147	50,732.77	345.12
Gardner State Hospital	76	27,313.14	359.38
Grafton State Hospital	48	24,701.97	514.62
Medfield State Hospital	101	35,610.60	352.58
Metropolitan State Hospital	106	35,633.07	336.16
Northampton State Hospital	262	98,990.53	337.48
Taunton State Hospital	148	49,335.14	333.34
Westborough State Hospital	288	112,895.50	391.99
Worcester State Hospital	190	72,058.71	379.25
Monson State Hospital (epileptic)	63	16,847.48	267.42
Total	2,254	\$739,219.49	\$327.95
<i>Schools for Mental Defectives:</i>			
Belchertown State School	41	\$7,988.93	\$194.85
Walter E. Fernald State School	93	16,287.69	175.13
Wrentham State School	65	15,720.02	241.84
Total	199	\$39,996.64	\$200.98
<i>Family Care</i>			
State Farm*	9	\$3,557.84	\$395.31
State Infirmary*	12	4,128.26	344.02
Hospital Cottages for Children*	3	145.33	48.44
Total	24	\$7,831.43	\$326.30
Grand Total	2,477	\$787,047.56	\$317.74

*The State Farm which is under the Department of Correction, and the State Infirmary which is under the Department of Public Welfare, have mental wards where the Department of Mental Diseases has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Diseases investigates and collects under the Statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures these institutions do not appear on Table 4.

TABLE 9. Trust Funds — By Institutions

(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand December 1, 1934	Received during Year	Payments	On Hand November 30, 1935
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Hospital	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$426.88	\$18.38	—	\$445.26
Metropolitan State Hospital	—	—	—	—
Northampton State Hospital	1,171.05	243.62	\$203.54	1,211.13
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,841.29	117.66	34.27	4,924.68
Worcester State Hospital	4,408.58	140.90	152.84	4,396.64
Monson State Hospital (epileptic)	—	—	—	—
Total	\$10,847.80	\$520.56	\$390.65	\$10,977.71
<i>Schools for Mental Defectives:</i>				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$90,870.62	\$3,537.25	\$444.63	\$93,963.24
Wrentham State School	1,802.63	169.25	52.25	1,919.63
Total	\$92,673.25	\$3,706.50	\$496.88	\$95,882.87
Grand Total	\$103,521.05	\$4,227.06	\$887.53	\$106,860.58

TABLE 10. Value of Farm and Garden Products per Acre under Cultivation — By Institution

INSTITUTIONS	Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage	Value of Ensilage	Value of Ensilage per Acre
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	32.75	\$5,253.78	\$160.42	51.45	\$1,026.00	\$19.94	—	—	—
Boston State Hospital	90.00	13,028.22	144.75	116.50	5,683.61	48.78	—	—	\$70.02
Danvers State Hospital	58.00	8,291.68	142.96	8.00	188.27	23.53	44.00	\$3,080.91	—
Foxborough State Hospital	75.00	14,931.74	199.08	196.45	5,427.50	27.62	30.00	2,616.00	87.20
Gardner State Hospital	89.64	12,142.89	135.46	26.65	2,055.76	77.13	32.05	1,966.48	61.35
Grafton State Hospital	73.00	11,264.70	154.31	82.00	4,037.64	49.23	33.00	3,190.43	96.68
Medfield State Hospital	45.50	7,818.73	171.84	6.50	462.00	71.07	—	—	—
Metropolitan State Hospital	43.00	11,413.33	265.42	115.00	6,283.46	54.63	30.00	2,479.72	82.65
Norhampton State Hospital	62.00	10,324.16	166.51	55.00	2,426.13	44.11	28.00	2,280.78	81.45
Taunton State Hospital	57.00	11,882.72	208.47	92.00	6,093.62	66.23	44.00	4,217.93	95.86
Westborough State Hospital	99.00	16,031.82	161.93	20.00	1,577.25	78.86	25.00	1,050.00	42.00
Worcester State Hospital	48.68	7,130.91	146.48	40.56	1,711.05	42.18	17.00	1,697.10	99.82
Monson State Hospital (epileptic)	773.57	\$129,514.68	\$167.42	810.11	\$36,972.29	\$45.63	283.05	\$22,579.35	\$79.77
Total									
<i>Schools for Mental Defectives:</i>									
Belchertown State School	61.00	\$11,105.72	\$182.06	4.00	\$85.00	\$21.25	25.00	\$2,450.00	\$98.00
Walter E. Fernald State School	111.00	27,773.22	250.20	100.00	5,370.19	53.70	5.00	595.00	119.00
Wrentham State School	80.00	11,752.92	146.91	49.00	2,283.35	46.59	27.00	2,450.00	90.37
Total	252.00	\$50,631.86	\$200.92	153.00	\$7,738.54	\$50.57	57.00	\$5,495.00	\$96.40
Grand Total	1,025.57	\$180,146.54	\$175.65	963.11	\$44,710.83	\$46.42	340.05	\$28,074.35	\$82.55

TABLE 11. Value of Farm Products — By Institutions

INSTITUTIONS		Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
Hospitals for Mental Diseases:											
Boston Psychopathic Hospital		\$5,253.78	—	—	\$1,026.00	—	—	—	\$3,666.00	—	\$9,945.78
Boston State Hospital		11,368.05	\$1,269.26	\$570.88	9,186.61	\$33,203.10	\$6,093.85	\$3,229.99	6,147.20	\$1,738.98	72,807.92
Danvers State Hospital		6,623.66	1,668.02	407.52	279.27	19,113.85	2,798.75	1,402.36	4,100.24	512.70	36,906.37
Foxborough State Hospital		11,510.34	3,256.15	1,079.57	9,657.50	33,216.67	4,018.88	2,279.13	4,792.52	1,512.98	71,323.74
Gardner State Hospital		9,585.37	1,650.88	2,010.21	5,530.69	32,438.42	4,075.01	2,018.13	6,848.36	1,177.17	65,334.24
Grafton State Hospital		9,044.85	2,219.85	2,008.35	7,293.05	39,837.09	3,183.07	1,959.32	2,729.12	1,367.03	69,641.73
Medfield State Hospital		7,818.73	—	24.83	512.00	—	—	—	—	—	8,355.56
Metropolitan State Hospital		10,544.26	869.07	1,193.93	8,763.18	25,070.94	3,678.42	2,010.85	7,279.60	1,144.36	60,554.61
Northampton State Hospital		7,797.80	2,077.89	328.29	5,832.23	23,871.68	4,709.71	2,146.28	6,564.69	1,244.52	54,573.09
Taunton State Hospital		10,875.72	1,007.00	1,082.84	11,122.48	30,849.54	—	—	7,092.20	1,072.84	63,102.62
Westborough State Hospital		14,015.67	1,690.05	208.40	4,139.13	36,822.59	—	—	3,513.30	1,102.84	61,491.98
Worcester State Hospital		5,333.04	1,797.87	289.48	3,468.15	26,150.19	—	—	2,662.48	820.25	40,521.46
Monson State Hospital											
Total		\$109,771.27	\$17,506.04	\$9,204.30	\$66,810.29	\$300,574.07	\$28,557.69	\$15,046.06	\$55,395.71	\$11,693.67	\$614,559.10
Schools for Mental Defectives:											
Belchertown State School		\$9,807.91	\$1,095.43	\$1,317.72	\$2,737.38	\$26,297.44	\$5,871.71	\$3,430.34	\$3,514.76	\$385.99	\$54,458.68
Walter E. Fernald State School		23,690.10	4,035.12	3,147.31	6,047.19	32,213.65	—	—	1,575.56	847.90	71,556.83
Wrentham State School		10,244.13	1,350.67	1,216.58	4,999.71	28,261.78	5,244.53	2,507.90	4,482.96	1,431.06	59,739.32
Total		\$43,742.14	\$6,481.22	\$5,681.61	\$13,784.28	\$86,772.87	\$11,116.24	\$5,938.24	\$9,573.28	\$2,664.95	\$185,754.83
Grand Total		\$153,513.41	\$23,987.26	\$14,885.91	\$80,594.57	\$387,346.94	\$39,673.93	\$20,984.30	\$64,968.99	\$14,358.62	\$800,313.93

REPORT OF THE PATHOLOGIST

To the Commissioner of the Department of Mental Diseases:

The following is the twenty-seventh report of the Pathologist and the twenty-sixth to cover a full year's work.

GENERAL

As is usual the response of your Pathologist has been, as soon as may be, to the hospital's call when a patient has died suddenly or unexpectedly. The slogan — "the next train," is not now so soon as when train service was better, but still serves. Also there has been a thriving supplementary autopsy service to hospitals temporarily without a pathologist, and this has extended to the microscopical examinations of surgical specimens from hospitals where surgery has been brisk. Notwithstanding these efforts, Dr. Allen wrote and read three papers: (1) "Subdural Hemorrhage in Psychotic Patients; study of 245 cases found among 300 consecutive autopsies." This was read in abstract by Dr. Merrill Moore, co-author, at the February 1935 meeting of the Boston Society of Psychiatry and Neurology, abstracted in the *Journal of Nervous and Mental Disease* August 1935, p. 193, and in extenso by Dr. Allen before the American Psychiatric Association at the May meeting in Washington. It will be published in the *American Journal of Psychiatry*. The second paper entitled "A Review of the Variety of Poisons which have caused death in the Massachusetts State Hospitals for Mental Disease" was read before the February 1935 meeting of the Massachusetts Medico-Legal Society, and published in *The New England Journal of Medicine*. A third, "A Review of the Cardiac deaths in 1,245 Medical Examiners' cases that have come to autopsy in the Massachusetts Mental Hospitals," will be published in *The New England Journal of Medicine*. A leave of absence was given Dr. Allen for attending the Neurological Congress in London, and the sessions were very stimulating, pointing out the structural lesions for the symptoms, many of which are seen in our hospitals.

Dr. Allen's resignation from Departmental activities Dec. 1, 1935, was most regretted. She had been in the service, for five years, Danvers 1930-1932, as Department's pathologist 1932- (On leave for foreign study July 1932-June 1933)-1935, and had gained as friends all her contacts.

Psychopathic. The change of rooms from a large one adjoining the cooling system to a small one near the street and dining room and maids' quarters, across from the X-ray suite, works in itself better than the location suggests. The ventilation during the autopsy becomes a diffused problem for offices, bedrooms and dining room. The deaths at this hospital were 33, and number of autopsies done by the Department 18 and 3 by Medical Examiner make a percentage of 64. One refused by the Medical Examiner became one for court inquiry due to an injury, complications of which led to death. One has been a discussion point for various pathologists whether the brain lesion is of tumorous or infective nature.

The *Boston State Hospital* laboratory building, opened in March 1935, teems with activity on all floors, and has a large group of young workers. Two hundred and four (204) autopsies were done by the hospital pathologist, Dr. Naomi Raskin, 56 per cent of deaths.

Danvers, like Taunton, "looks forward." The autopsy room hastily contrived, when improvements took place and needed the space occupied by the laboratory previously adequate, has certain things to recommend it, but a new location would be highly desirable, to include better flooring, tighter ceiling, more space, and more storage room, nearer the histological laboratory.

Foxborough laboratory remains the nearly ideally arranged one for the size of the hospital. The pathologist's room is nearest the library, somewhat separated by a hallway from the main laboratory where chemistry, tissue work and routine examinations occur; behind this is the autopsy room, well lighted and properly supplied with light sink space and overhead water.

Gardner has no pathologist, as have not Northampton, Belchertown, Wrentham, Waverley and the Metropolitan, but notwithstanding this, at Gardner, every preparation is made for rapid carrying out of operative plans of the visitor. The room is light and the cooling system is of latest pattern, and the spirit of co-operation high. Overhead water supply and under table drainage, and a larger table would make this station a very adequate one for postmortems.

Grafton is sadly handicapped in not having a cooling chamber, an autopsy room, a pathologist or a technician. Only a very active spirit could surmount these obstacles, — to carry instruments to an undertaker's outside shed in a town nearby, where, however, a welcoming spirit neutralizes to a great extent inadequate heating or ventilation; with poor water supply or room enough to operate in. With all these handicaps 19 autopsies were done, 10 by your pathologist, nine by staff.

Medfield. Medfield's senior physician (pathologist) Dr. Vicente A. Navarro, continues to maintain the laboratory activities, which include part of the X-ray work, all of the preventive inoculations for patients and employees and the therapeutics of the General Paretics, and he does the autopsies which arise. The autopsy room itself is large, airy and convenient though the table is small, has no running water, and the scales are of the older type.

Metropolitan has not as yet formally opened its new laboratory building, but the autopsy room has been in use since October. It has much to recommend it — monel metal table, good light and an eager staff who watch the examinations or take a hand in the work.

Monson. Though the number of autopsies was small, the lesions were many and of great interest. Dr. Paul I. Yakovlev previously reporting on clinical cases having pigmented naevi, is now collecting autopsied specimens to show further intracranial lesions of similar nature.

Northampton has been engaged in revamping the room used for a clinical laboratory and has employed a man with a year or more of medicine as technician, thus preparing a nucleus of work for the benefit of the staff's activities. The instruments are always sharp and the welcome enthusiastic, making for much pleasure in operating at this point. A request for a pathologist has been made and this appointment will no doubt increase the autopsy percentage, and be of great interest and stimulation to the staff. Facilities for automatic cooling, a better autopsy table, overhead water supply and under table drainage would aid greatly in the performance of autopsy work.

Taunton looks forward to the time when the present laboratory will be housed in different quarters. Now it functions in an inconveniently arranged series of small rooms, greatly overcrowded, and all the errand traffic passes through the pathologist's office to the technical rooms. Dr. D. G. Henderson has many compliments on restoration of the autopsied bodies in the preparation for the next ceremony, which has a great deal to do with the autopsy percentage (53%) in this hospital.

Westborough also dreams a new morgue and laboratory. The present morgue is too far from the laboratory for convenience, but has been much improved in the installation of electric refrigeration, and has adequate light, heat and water supply. The organization is excellent for smooth performance of autopsies. Dr. Lydia B. Pierce continues to function as pathologist and Roentgenologist, treats the syphilitics and sandwiches in personal problem interests.

Worcester State Hospital laboratory focuses on the chemical attack of the problems and reduces the histological technical force. The autopsy room has been repainted, a new blackboard is installed for ease in recording organ weights to the interested group which always collects when an autopsy is in progress.

Belchertown always has such satisfactory cases for autopsy that the lack of cooling makes itself felt when these operations are at all delayed.

Fernald State School has not as yet installed a cooling system for the bodies of the patients dying in the institution, but has a well ventilated hallway which can be converted by doors and screens to an operating room. With refrigeration, overhead water and under table drainage nothing would be left to desire for the numbers of visits made. The varieties of anatomical peculiarities equals or exceeds the anatomical lesions.

Wrentham continues its interest in gaining permits for pathological examinations, and the new operating room has much to commend it. A rearrangement of lights, and overhead water and under table drainage would add very much to its near perfection.

ROUTINE OF THE PATHOLOGICAL SERVICE

Autopsies

Since the establishment of the Pathological Service July 1, 1914, to November 30, 1935, — 3,183 autopsies have been performed. The protocols of these are bound, up to and including August 13, 1934.

During the year ending November 30, 1935, 135 autopsies have been performed; 76 were done for hospitals without resident pathologists or where the pathologist was ill or absent. The remainder, 59, were done to determine the cause of death in patients who died suddenly or unexpectedly.

Boston State Hospital	19	Northampton State Hospital	5
Boston Psychopathic Hospital	18	Gardner State Hospital	5
Metropolitan State Hospital	18	Monson State Hospital	5
Danvers State Hospital	11	Foxborough State Hospital	4
Walter E. Fernald State School	11	Wrentham State School	2
Westborough State Hospital	11	Vet. Adm. Facility, Bedford	2
Grafton State Hospital	10	Belchertown State School	1
Medfield State Hospital	7	Worcester State Hospital	1
Taunton State Hospital	5		
Total			135

Besides these 135 autopsies, 95 other calls were made to investigate sudden deaths. Sometimes the medical examiner is called and the pathologist forgotten, and sometimes complications of distance or duties in another hospital prevents immediate response to a call, in which case the resident pathologist is so kind as to send a report.

Proportion of Autopsies to Deaths in Institutions

	<i>Deaths</i>	<i>Autopsies</i>	<i>Per Cent</i>
Metropolitan State Hospital	19	18	95
Worcester State Hospital	249	161	65
Boston Psychopathic Hospital	33	21	64
Boston State Hospital	364	223	61
Taunton State Hospital	189	100	53
Hospital Cottages for Children	6	3	50
Gardner State Hospital	39	19	49
Walter E. Fernald State School	24	11	46
Medfield State Hospital	128	50	39
Veterans Administration, Bedford	21	8	38
Monson State Hospital	107	34	32
Grafton State Hospital	62	19	31
State Infirmary, Mental Wards	34	10	29
Veterans Administration, Northampton	24	7	29
Foxborough State Hospital	69	16	23
Westborough State Hospital	140	32	23
Northampton State Hospital	156	30	19
Danvers State Hospital	297	46	15
Wrentham State School	22	2	9
Belchertown State School	13	1	8
Totals	1,996	811	41
Total number of deaths in State Hospitals in Massachusetts in 1935, fiscal year			1,996
Total number of autopsies performed (41%)			811
(a) By laboratories independent of Department		676	
(b) Department		135	

Sudden Deaths

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1935:

Sudden deaths reported to Department	243
Number autopsied	111
Number autopsied by service	59

Analysis of the Autopsied Sudden Death Cases in 1935

Acute infection	26 (*9)	Concussion brain	2 (*1)
Fractures	10	Syphilitic aorta	2
Organic heart	10 (*2)	Acute dilatation stomach	2
Neurosyphilis	6	Drowning	2
Thrombosis	6	Pulmonary embolism	1
Coronary sclerosis	6	Foreign body larynx	1
Arteriosclerosis	5 (*1)	Strangulated hernia	1
Epilepsy	5	Exhaustion	1
Intracranial hemorrhage	4	Hyperthermia	1
Suicide	4	Asphyxia	1
Pulmonary tuberculosis	3 (*1)	Burn	1
Malignant tumor	3	Hemorrhage	1
Acute dilatation heart	3	Intestinal obstruction	1
Alcoholism	2	Pulmonary edema	1

*Means complicated by fracture.

The sudden deaths in the State Hospitals in twenty-two years are herewith presented (either autopsied or non-autopsied): —

<i>Year</i>	<i>Deaths</i>	<i>Year</i>	<i>Deaths</i>	<i>Year</i>	<i>Deaths</i>	<i>Year</i>	<i>Deaths</i>
1914	69	1920	84	1926	136	1931	175
1915	85	1921	87	1927	126	1932	215
1916	74	1922	89	1928	177	1933	232
1917	83	1923	122	1929	148	1934	225
1918	117	1924	121	1930	170	1935	243
1919	77	1925	129				

It will be seen that 1935 (243 cases) has had 18 more than last year — the all time high number; the grand total for the 22 years being 2,984, of which 1,317 have been autopsied or 44%.

Analysis of Autopsies of Sudden Death Cases

Two hundred and forty-three cases in which death occurred suddenly or unexpectedly were reported to the Department — 18 more than last year. The exogenous causes were operative in actual, or as complications, in 34 cases (fractures 10, associated with fractures 14, alcoholism 2, suicide 4, foreign body in larynx 1, concussion of brain 2, hyperthermia 1).

The number of cases due to acute infection heads the list. These included bronchopneumonia, "the friend of the aged," and two cases of meningitis. Because of heart lesions (including coronary) 19 died. Perhaps the most striking was one of hyperthermia (D.M.D. 1935. 82). The patient became overheated in the neutral pack, and died in two hours. The brain showed edema and ring hemorrhages.

Suicides in State Hospitals

<i>Year</i>	<i>Suicides</i>	<i>Year</i>	<i>Suicides</i>	<i>Year</i>	<i>Suicides</i>	<i>Year</i>	<i>Suicides</i>
1914	9	1920	13	1926	14	1931	26
1915	6	1921	12	1927	19	1932	23
1916	9	1922	10	1928	19	1933	13
1917	12	1923	14	1929	13	1934	15
1918	18	1924	10	1930	13	1935	19
1919	13	1925	15				

Analysis of Suicides Autopsied and Non-Autopsied

Nineteen suicidal deaths happened during the year ending November 30, 1935. This figure is all-inclusive. The sexes were nearly equally divided — 11 men — 8 women. The youngest was a male of 20 — the oldest a woman of 83. Nine (9) were due to hanging, 5 by drowning, 3 by poison, one by razor cuts, and one by injuries otherwise. Five (5) were dementia praecox, 7 were in the depressed group, 2 were morons, one a senile dementia, one alcoholic, 2 psychopathic personality, one a Huntington's chorea.

While the number is higher than the last two years, it does not reach the all time high of 26 in 1931.

Casualties

The casualties for 1935 are about the same as in 1934 (10 less). Since 1931, when the number was 537, the yearly incidence has been over 650. Some progress was made this year (Table B.) in reducing the fractures, dislocations and other severe injuries.

Casualties in State Hospitals

Year	Casualties	Year	Casualties	Year	Casualties	Year	Casualties
1914 . .	.346	1920 . .	.240	1926 . .	.351	1931 . .	.537
1915 . .	.320	1921 . .	.257	1927 . .	.314	1932 . .	.688
1916 . .	.304	1922 . .	.258	1928 . .	.387	1933 . .	.667
1917 . .	.237	1923 . .	.292	1929 . .	.503	1934 . .	.679
1918 . .	.221	1924 . .	.297	1930 . .	.557	1935 . .	.669
1919 . .	.208	1925 . .	.275				

In the manner of injury (Table C.) — Unavoidable Natural Causes" heads the list, followed by the notation "Unknown"; after these captions, "Impulsive Acts" and "Asocial Acts" and "Retaliation" bespeak the human reactions, not at their best.

Concerning distribution by hospitals, it is never easy to determine why hospitals with about the same population should show marked difference in numbers of casualties, i.e., one 20, another 89; perhaps a difference in length of service of personnel. In total more men get hurt than women, though in individual hospitals frequently more women do receive injuries.

INVESTIGATIONS

Besides individual cases which will be mentioned below and have been of extreme interest, it was thought advisable to review the total number of autopsies to see how many died of tuberculosis. This service has from time to time supplied the various hospitals' needs when they have been without pathologists, and other times have functioned only when deaths were directly reported to the Department of Mental Diseases with or without the jurisdiction of the medical examiner for the district in which the hospital lies, so that the deaths represent on one hand the cases as they happen to die —, and the unusual, subject to special inquiry when they die suddenly or unexpectedly. The total number of autopsies from July 1, 1914, to December 13, 1935, was 3,194. *Tuberculosis* caused death in 372 of these, or in 11.6%. It has been such a general impression that patients suffering from *dementia praecox* die of tuberculosis, that the records were again searched for such instances. Among the 3,194 autopsies, 460 received the diagnosis of *dementia praecox*: of these 113 or 24.5% had such active lesions of tuberculosis as to cause death. If we were to consider the age as indicating the probability of the *dementia praecox* deaths being due to tuberculosis, this series had fewer patients who were fifty or over (48 out of 113), than under 50 years, so the emphasis would be on the under fifty *praecox* being a candidate for tuberculosis.

Another question often asked was how many of the mental cases have a history of rheumatic fever? Checking clinical records was not possible but 1,000 autopsy protocols were reviewed to see how many patients died with mitral stenosis, the big residual finding in previous rheumatic fever. In 1,000 autopsies 10, or 1% died with mitral stenosis.

Another frequent question is concerned with the state of the *aorta in alcoholism*. Over the period of this laboratory's activity 1914–1935, in the 3,194 autopsies there have been 142 patients with alcoholic psychoses come to postmortem examination. These vary from 27 to 82 years, and include both sexes. The *aorta* has been described in 117 cases, and of these *aortas* 28 or 23.9% have been "smooth." The ages in these ranged from extremes of 27 to 60, (more under 50). On the other hand, the more elderly (youngest 52) — to 82 have been in the hospitals for some years deprived of alcohol but still showing the psychosis dependent on it, and their *aortas* are rough to very rough.

Individual cases show finds of such unusual type that any neurological clinic would be proud of them: 1934.132, tabo-paresis in a patient, aged 38; 1935.3, encephalitis in a child of 9; 1935.9, parathyroid deficiency; 1935.37, a tumor found at autopsy in a woman working every day was identified as protoplasmic

astrocytoma; 1935.48, patient with vague post-encephalitic symptoms shows scattered mild lesions; 1935.51, cerebrospinal meningitis (unsuspected in life); 1935.52, progressive familial muscular dystrophy; 1935.72, extensive text-book meningovascular syphilis; 1935.73, boy of 14 has a firm mass around third ventricle — diagnosis as yet undetermined; 1935.82, patient overheated in pack, died in two hours. Brain tissue shows ring hemorrhages and edema.

Photographs have been taken of the most remarkable of the brains, 17 in number, and incorporated in the protocols. As Dr. Southard used to say — out of every hundred autopsies ten will have lesions which stand out as being imperative to report upon.

The following table shows the routine work of the investigative staff of the Department:

Visits to institutions	230
Autopsies in cases of sudden deaths	59
Severe injuries in institutions	523
Less severe injuries	243
Total injuries	766
Publications by state officers	66

TABLE A. — *Casualties arranged by Institutions*

	Males	Females	Patients	Accidents	Injuries
Danvers Hospital	29	47	76	77 ^{1, 8}	89
Walter E. Fernald State School	64	5	69	74 ⁴	79
Worcester Hospital	34	31	65	67 ^{3, 5}	78
Foxborough Hospital	23	39	62	63 ^{1, 7}	73
Veterans' Hospital, Bedford	49	—	49	53 ^{2, 3}	58
Northampton Hospital	15	26	41	43 ^{3, 5}	49
Metropolitan Hospital	18	11	29	30 ¹	44
Boston Hospital	18	19	37	37	40
Monson Hospital	12	25	37	38 ^{1, 5}	39
Westborough Hospital	11	16	27	28 ¹	30
Wrentham State School	16	6	22	23 ¹	29
Gardner Hospital	13	9	22	22	26
Grafton Hospital	10	10	20	21 ¹	24
Medfield Hospital	7	13	20	20 ⁵	24
Boston Psychopathic Hospital	8	6	14	14 ⁶	20
Taunton Hospital	5	14	19	19 ⁶	20
Belchertown State School	10	4	14	14	16
McLean Hospital	4	5	9	10 ¹	12
Bridgewater State Farm	5	—	5	5	5
Hospital Cottages for Children	3	1	4	4	4
State Infirmary, Mental Wards	1	3	4	4	4
Veterans' Hospital, Northampton	3	—	3	3	3
Totals	358	290	648	669	766

¹Two accidents to one patient.

²Three accidents to one patient.

³Two accidents to two patients.

⁴Two accidents to five patients.

⁵Accident prior to admission.

⁶Two accidents prior to admission.

⁷Six accidents prior to admission.

⁸Eight accidents prior to admission.

TABLE B. — *Casualties arranged by Institutions and Severity of Injury*

	Fractures	Dislo- cations	Gun- shot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries
<i>Receiving Institutions</i>						
Boston Psychopathic Hospital	7	—	—	1	8	12
Boston Hospital	36	1	—	—	37	3
Danvers Hospital	70	1	—	5	76	13
Northampton Hospital	35	3	—	2	40	9
Taunton Hospital	10	4	—	—	14	6
Westborough Hospital	28	—	—	1	29	1
Worcester Hospital	57	4	—	3	64	14
<i>Institutions chiefly for Transfers</i>						
Grafton Hospital	11	1	—	2	14	10
Medfield Hospital	11	4	—	1	16	8
Gardner Hospital	23	1	—	1	25	1
Foxborough Hospital	39	1	—	3	43	30
State Infirmary, Mental Wards	4	—	—	—	4	—
Metropolitan Hospital	30	—	—	—	30	14
<i>Institutions for the Feeble-minded</i>						
Walter E. Fernald School	16	3	—	5	24	55
Wrentham School	16	—	—	1	17	12
Belchertown School	13	—	—	—	13	3
<i>Special Public Institutions</i>						
Monson Hospital	34	2	—	—	36	3
Bridgewater State Farm	5	—	—	—	5	—
Veterans' Hospital — Bedford	14	—	—	2	16	42
Veterans' Hospital — Northampton	2	—	—	—	2	1
<i>Special Private Institutions</i>						
McLean Hospital	5	—	—	1	6	6
Hospital Cottages for Children	4	—	—	—	4	—
	470	25	—	28	523	243

PUBLICATIONS

- ALLEN, ANNA M. — A Review of the Variety of Poisons which have Caused Death in the Massachusetts State Hospitals for Mental Disease. Reprinted from *The New England Journal of Medicine*, Vol. 213, No. 21, pp. 1013-1017, November 21, 1935.
- BECK, S. J. — Problems of Further Research in the Rorschach Test. *Am. Jour. of Orthopsychiatry*. 1935, 5, 100-115.
- BONNER, C. A. — Mental Health, Happiness and Efficiency. *July Scientific Monthly*, Vol. XLI (July to December) 1935.
- BOWMAN, K. M. — Progress of Psychiatry for 1934. *New England Medical Journal*, July 11, 1935.
- BOWMAN, K. M. — Psychoses with Pernicious Anaemia. *Am. Jour. Psychiat.*, September, 1935, 92, 2.
- BOWMAN, K. M. and HOWARD, P. M. — Report of a Case of Lead Encephalitis Due to Tri-Ethyl Lead. *New England Jour. Med.*, September 19, 1935, 213, 12, 559-563.
- BRAGAW, GEORGE D. — Nervous and Mental Manifestations of Pellagra. *Medical Bulletin of the Veterans Administration*, April, 1935 issue.
- BRYAN, WM. A. — State Hospitals as Training Centers. *Mental Hygiene*. 19: 405, July, 1935.
- CAMPBELL, C. M. — *Destiny and Disease in Mental Disorders*. New York, W. W. Norton & Company, Inc., 1935.
- CARMICHAEL, H. T., RHEINGOLD, Joseph & LINDER, F. E.) The Bromide Permeability Test in Schizophrenia. *Jour. Nerv. & Ment. Dis.* 82: 125, August, 1935.
- CHIPMAN, CATHERINE E. — The Vocabulary of Mental Defectives. *Annual Proceedings of the Fifty-Ninth Annual Session of the American Association on Mental Deficiency*, Chicago, Ill, April, 1935.
- DAYTON, N. A. — "Operation of the Fernald Traveling School Clinics and Research Possibilities in the Accumulated Examinations." *Kline Memorial Bull.*, Mass. Dept. Ment. Dis., pp. 107-162, April, 1934 (Published in 1935).
- DAYTON, N. A. — "A New Statistical System for the Study of Mental Disease and Some of the Results Attained." *Kline Mem. Bull.*, Mass. Dept. Ment. Dis., pp. 163-234, April, 1934. (Published in 1935).
- DAYTON, N. A. — "Influence of Size of Family Upon the Characteristics of the Mentally Deficient. Survey of 20,473 Retarded Children in the Public Schools of Massachusetts." *Am. Jour. Psychiatry*, 91: 799-832, Jan. 1935.
- DAYTON, N. A. — "Age Incidence of Mental Diseases in 61,161 First Admissions to New York and Massachusetts Mental Hospitals." *Med. Record*, 141: 476-477, May 15, 1935.
- DAYTON, N. A. — "The First Year of the New Standard Nomenclature of Diseases in Massachusetts Mental Hospitals." *Am. Jour. Psychiatry*, 92: 589-609, Nov. 1935.
- DAYTON, N. A. — "A New Method of Calculating Discharge Rates in Mental Diseases With Special Consideration of the Age Factor." *New England Jour. Med.* 213: 841-849, Oct. 31, 1935.
- DEMBO, TAMARA and HANFMANN, EUGENIA. — The Patient's Psychological Situation upon Admission to a Mental Hospital. *Am. Jour. Psychiat.* 47: 381, July, 1935.
- EMCH, MINNA — The Role of Occupational Therapy in Modern Psychiatry. *Am. Jour. Psychiat.* 92: 207, July, 1935.
- EMCH, MINNA — A Reorientation for State-Hospital Psychiatry. *Mental Hygiene* 19: 586, October, 1935.
- EPSTEIN, S. H. and MCHUGH, T. — Therapeutic Hyperpyrexia Induced by Diathermy and Electric Blanket. *Arch. Phys. Therapy*, 16, 32, January, 1935.
- EPSTEIN, S. H. — The Hinton Test in Neurosyphilis. *New England Jour. Med.*, March 14, 1935, 212, 495.
- EPSTEIN, S. H. — Hyperpyrexia at the Boston Psychopathic Hospital. *New England Jour. Med.*, April 4, 1935, 212, 611.
- EPSTEIN, S. H. and VON STORCH, T. J. C. — An Improved Apparatus for Encephalography Adaptable to Ventriculography.

- FREEMAN, H. and LINDER, F. E. — Some Factors Determining the Variability of Skin Temperature. *Arch. Int. Med.* 54: 981, December, 1934.
- FREEMAN, H. and CARMICHAEL, H. T. — A Pharmacodynamic Investigation of the Autonomic Nervous System in Schizophrenia. I. Effect of Intravenous Injections of Epinephrine of the Blood Pressure and Pulse Rate. *Arch. Neur. and Psychiat.* 33: 342, February, 1935.
- FREEMAN, H. — The Effect of Certain Environmental Conditions of the Skin Temperature, Body Temperature, and Oxygen Consumption Rate of Normal Individuals. *Jour. Refrigerating Engineering*, July, 1935.
- FREEMAN, WILLIAM and MELICK, J. M. — Suprarenal Cortex Therapy in Pernicious Vomiting of Pregnancy. *Am. Jour. Obst. and Gyn.* 29: 602, April, 1935.
- GEGENHEIMER, RUTH A. — Moron and Borderline Women under Supervision in a Controlled Environment. Annual Proceedings of the Fifty-Ninth Annual Session of the American Association on Mental Deficiency, Chicago, Ill., April, 1935.
- GLASS, W. E. and FREEMAN, WM. — Spontaneous Rupture of the Esophagus in Syphilis. *Am. Jour. Med. Sci.* 189: 80, January, 1935.
- GOTTLIEB, J. S. and LAVINE, G. R. — Tuberosc Sclerosis with Unusual Lesions of the Bones. *Arch. Neur. and Psychiat.* 33: 379, February, 1935.
- GOTTLIEB, J. S. and LINDER, F. E. — Body Temperatures of Persons with Schizophrenia and of Normal Subjects. Effect of Changes in Environmental Temperature. *Arch. Neur. and Psychiat.* 33: 764, April, 1935.
- GOTTLIEB, J. S. — The Effect of Changes in the Environmental Temperature on the Blood Pressure and Pulse Rate in Normal Men. *Am. Jour. Physiol.* 113: 181, September, 1935.
- GUTHRIE, R. H. and LEBOWITZ, WM. M. — Epilepsy in Identical Twins: A presentation of Three Pairs of Twins. *Jour. of Nervous and Mental Disease*, Vol. 81, No. 4, April, 1935.
- HALLORAN, R. D. — The Metropolitan State Hospital — Founding and Development. George Milton Kline Memorial Number of the Bulletin of the Massachusetts Department of Mental Diseases, Vol. XVIII, Nos. 1 and 2, April, 1934.
- HOAGLAND, HUDSON and PERKINS, CLIFTON T. — Some Temperature Characteristics in Man. *Jour. Gen. Physiol.* 18: 399, January, 1935.
- HOSKINS, R. G. — Progress and Problems in Endocrinology. *Jour. Am. Med. Assoc.* 105: 948, September, 1935.
- HUSTON, P. E. and HAYES, J. G. — Apparatus for the Study of Continuous Reaction. *Jour. Exper. Psych.* 17: 885, December, 1934.
- HUSTON, P. E. — The Reflex Time of the Patellar Tendon Reflex in Normal and Schizophrenic Subjects. *Jour. Gen. Psych.* 13: 3, July, 1935.
- KAHN, L. D. — An Electronic Boice-Key. *Journal of General Psychology*, 1935, 12, 447-450.
- KIRKPATRICK, MILTON E. — The Contribution of Child Guidance Theory to the Treatment of Behavior. Year Book of the National Probation Association, 1935.
- KOPP, I. — Metabolic Rates in Therapeutic Fever. *Am. Jour. Med. Science*, October, 1935, 190, 491.
- LINDER, F. E. & CARMICHAEL, H. T. — A Biometric Study of the Relation between Oral and Rectal Temperatures in Normal and Schizophrenic Subjects. *Human Biology* 7: 24, February, 1935.
- LINDER, F. E. — The Accuracy of the Constant Method. *Am. Jour. Psychiat.* 47-504, July, 1935.
- LOONEY, J. M. & HOSKINS, R. G. — The Therapeutic Use of Dinitrophenol and 3,5 Dinitro-Ortho-Cresol in Schizophrenia. *Am. Jour. Psychiat.* 91: 1009, March, 1935.
- LOONEY, J. M. & JELLINEK, E. M. — Galactose Tolerance as Measured by the Folin Micro and Macro Blood Sugar Methods. *Proc. Soc. Biol. Chem.* April, 1935.

- LOONEY, J. M. & FREEMAN, HARRY — Volume of Blood in Normal Subjects and in Patients with Schizophrenia. *Arch. Neur. & Psychiat.* 34: 956, November, 1935.
- MALETZ, LEO — Report of a fatal case of Fluoride Poisoning. *New England Jour. of Med.*, Aug. 22, 1935, Vol. 213, No. 8, pp. 370-372.
- MAY, J. V. — George Milton Kline, A Biographical Sketch. *The Bulletin of the Massachusetts Department of Mental Diseases*, Vol. XVIII, Nos. 1 and 2, The George Milton Kline Memorial Number, April, 1934.
- MILLARD, MARY S. & SHAKOW, DAVID — A Note on Color Blindness in Some Psychotic Groups. *Jour. Soc. Psych.* 6: 252, May, 1935.
- MCPHERSON, G. E. — Parole of Mental Defectives. Reprinted from *Proceedings of the Fifty-ninth Annual Session of the Am. Assoc. on Mental Deficiency*, Chicago, Ill., April 25-27, 1935.
- OVERHOLSER, WINFRED — The Massachusetts Procedure Relative to the Sanity of Defendants in Criminal Cases (The Briggs Law). *Minnesota Law Review*, Vol. XIX, No. 3, pp. 303-317, February, 1935.
- OVERHOLSER, WINFRED — The Briggs Law of Massachusetts: A Review and an Appraisal. *The Jour. of Criminal Law and Criminology*, Vol. XXV, No. 6, pp. 859-883, March-April, 1935.
- OVERHOLSER, WINFRED — The Practical Operation of the Massachusetts Statute for Ascertaining the Mental Condition of Persons Coming before the Courts. *Massachusetts Law Quarterly*, Vol. XX, No. 4, pp. 22-25, August, 1935.
- OVERHOLSER, WINFRED — The History and Operation of the Briggs Law of Massachusetts. *Law and Contemporary Problems*. (Duke University School of Law) Vol. II, No. 4, October, 1935.
- QUINN, KARL V. — Familial Cerebro-Cerebellar Degeneration. Reprinted from *Proceedings of the Fifty-ninth Annual Session of the Am. Assoc. on Mental Deficiency*, Chicago, Ill., April 25-27, 1935.
- ROSENZWEIG, SAUL — Types of Reaction to Frustration. An Heuristic Classification. *Jour. of Abnormal and Social Psych.* 29: 298, December, 1934.
- ROSENZWEIG, SAUL — Outline of a Cooperative Project for Validating the Rorschach Test. *Am. Jour. Orthopsychiat.* 5: 121, April, 1935.
- ROTHSCHILD, D. & HAMBERG, C. N. — The Blood Cerebro-spinal Fluid Barrier in Mental Disorders. Distribution Ratio of Calcium and its Relation to that of Bromide and to the Protein Content of the Cerebrospinal Fluid. *Am. Jour. Psychiat.* 91: 1,033, March, 1935.
- SCHUBE, P. G. — Further Observations on the Colloidal Carbon Flocculation Test in Spinal Fluid. *Jour. Lab. & Clin. Med.* 20: 314-315, December, 1934.
- SCHUBE, P. G. — The Stability of Sugar in the Cerebrospinal Fluid. *Jour. Lab. & Clin. Med.* 20: 752; 753, April, 1935.
- SCHUBE, P. G. — A Study of the Value of Bancroft's Views on Mental Disease. *Am. Jour. of Psychiat.* 91: 1,403-1,408, May, 1935.
- SHAKOW, DAVID & MILLARD, MARY S. — A Psychometric Study of 150 Adult Delinquents. *Jour. Soc. Psych.* 6: 437, November, 1935.
- SLEEPER, F. H. — Investigation of Polyuria in Schizophrenia. *Am. Jour. Psychiat.* 91: 1,019, March, 1935.
- SOLOMON, H. C. & EPSTEIN, S. H. — Dementia Paralytica; Results of Treatment with Malaria in Association with Other Forms of Therapy. *Arch. Neurol. & Psychiat.*, May, 1935, 33, 1,008.
- SOLOMON, H. C. & EPSTEIN, S. H. — Dementia Paralytica; Results of Treatment with Tryparsamide. *Arch. Neurol. & Psychiat.*, June, 1935, 33, 1,216.
- WELLS, F. L. & HYLAN, N. W. — Psychometric Practice in Adults of Superior Intelligence. *Am. Jour. of Orthopsychiatry*, 1935, 5, 286-301.
- WELLS, F. L. — Attitude Measurement and The Dunlap Dilemma. *Science*, 1935, 81, p. 227.
- WELLS, F. L. — Rorschach and the Free-Association Test. *Jour. of General Psychology*, 1935, 13, 413-433.
- WELLS, F. L. — A Glossary of Needless Reading Errors. *Journal of Experimental Education*, 1935, 4, 34-43.

- WELLS, F. L. — Social Maladjustments: Adaptive Regression. Chapter 18 in *A Handbook of Social Psychology*, Worcester, Mass., Clark University Press, 1935, pp. 845-915.
- YERBURY, E. C. — What the Danvers State Hospital Stands for in Treatment. *Monthly Bulletin of Mass. Soc. Ment. Hygiene*, September-October, 1935, Vol. XIV, No. 7-8.

Respectfully submitted,
MYRTELLE M. CANAVAN, M. D.
Pathologist.

REPORT OF THE DIVISION OF SOCIAL SERVICE

To the Commissioner of the Department of Mental Diseases:

The general situation in the Social Service Division has remained good throughout the year. No important changes have been noted in the general functions of the Division aside from a few minor changes that appeared to be necessary or expedient. The ever-increasing duties of social workers have an apparent tendency to reduce actual social work and community supervision of patients on visit from the hospital. Social case work with clients connected with Mental Hygiene or Child Guidance Clinics, under hospital direction, is practically impossible because of inadequate social service staffs and the bulk of hospital duties that are the chief concern of the hospital social worker. In so far as possible local agencies are requested to deal with clinic cases that properly belong to the psychiatric social service units connected with state hospital clinics. While it is believed that this situation is not conducive to good mental hygiene service in the community, there appears to be no alternative at the present time than to continue on the present basis.

In a previous report mention was made of a new type of social service for certain patients at the Grafton and Monson State Hospitals in which the social worker takes an active part in the adjustment of patients to institution environment. Patients selected for this type of service are among those who must remain in the hospital over a long period of time. Definite attempts at institution adjustment for these patients do not differ fundamentally from those made by the social worker in the community for certain patients. While this work is still more or less experimental it is believed to be fairly successful and is to be continued for another year with a few minor changes. At the Grafton Hospital the social worker accomplishes her purpose mainly through group activities and personal interviews that are the natural outgrowth of these group activities.

In evaluating this phase of institution social work from the social service angle one may well believe that it contains possibilities that may be relatively valuable to all hospital patients who are more or less disturbed or unhappy at finding themselves in a mental hospital, particularly for the first time. Aside from the possible therapeutic value, such an activity paves the way for easier and quicker community adjustments and earlier releases from the hospital.

Within the past year new developments have taken place at the Metropolitan State Hospital Social Service. A new position has been granted (psychiatric social worker) and a new worker has been temporarily appointed pending the establishment of an eligible civil service list for this grade of position. Because of the equipment and location of this new hospital it is believed that excellent potentialities exist for the training of students in psychiatric social work. Acting upon this belief two students have been added to the social service for the coming year, thus raising the social service personnel from one to four persons. With the growth of the hospital it is hoped that facilities for educational work in the field of social service will also develop and eventually become a desirable center for students from various schools and agencies.

In last year's report mention was made of our attempts to establish a central registration bureau for the community placement service. The plan includes the registration of family care homes — special boarding, recreation and vacation homes as well as those of employers who accept our patients with supervision. With the development of the placement service we hope in time to be able to retain a few homes for emergency situations. However, this requires a small appropriation which we hope may be granted in due time. It is hoped that this

bureau will fill a real need of the social workers and that it will increase in usefulness as the placement service develops.

In the Divisions of Mental Hygiene and Mental Deficiency no outstanding changes have taken place. The social service activities appear to continue along well-defined lines in the Habit Clinic work and community supervision of non-institutional mentally deficient persons who have been accepted by the Department for supervision. One resignation has taken place in the Mental Hygiene Division and one position has been reestablished in the Division of Mental Deficiency.

Conference Work:

Regular monthly conferences are held at the Social Service office with social workers from the state hospitals and state schools. Weekly case discussions are held with social workers of the Mental Deficiency Division as the social case work is under the supervision of the Social Service office. Informal conferences are held with social workers of the Mental Hygiene Division whenever need for such conference arises. Throughout the year informal interviews are held with all the social workers in the Department in relation to social service policies, student training, organization problems etc. Formal conferences are held with students and student supervisors.

The program for the general conferences for State Hospital Social Workers is as follows:

December, 1934 — General Discussion: Registration Bill for Social Workers.

January, 1935 — "How Can Good Social Case Work Be Done in the Small Amount of Time Available for Case Work?"

February, 1935 — "School Clinic Service," Dr. Neil A. Dayton, Director of Mental Deficiency, State House.

March, 1935 — General Discussion:

1. What are 'chores' in social work?
2. How does one differentiate between a 'chore' and social case work?
3. What constitutes social case work in a State Hospital for mental patients, and what kind of service do we really wish to render to such patients?
4. What types of cases are referred to community agencies and why?

April, 1935 — General Discussion:

1. What types of cases are socially treatable, and how may they be selected for social case work?
2. How can we eliminate cases that are not responsive to treatment by the social worker?

May, 1935 — Paper:

"Social Treatment in the Case of Manic-depressive Psychosis." Miss Mary Killam — Metropolitan State Hospital.

October, 1935 — General Discussion:

Informal reports as to the present situation in hospitals with proposed plans for new activities for the coming year, changes in personnel.

Student Training Work:

In accordance with the policy of the Department twelve Department students were accepted for training in psychiatric social work in six state hospital training centers.

Applications were received from eighteen persons representing three other states. All applicants were college graduates.

In the main the student training work seems to be satisfactory. Each applicant is informed that the course given by the Department is in no sense a substitute for a regular course of social work as given by schools of social work and are advised to enter regular social work schools whenever it is possible for them to do so.

Several former students have successfully passed civil service examinations and are now holding positions in state hospitals.

It is doubtful whether the Department training course should continue on its present basis although it appears to fill a very definite need for student and hospital. Several young women, recent graduates of colleges, are in doubt as to their careers and wish to secure practical information relative to psychiatric social work before launching upon an expensive course of school training. The value of

student service to the hospital has been frequently acknowledged not only in the assistance given to the institution but in the inspiration given by young students whose eagerness to learn offers a real challenge to psychiatric practise and interpretation. On the other hand completion of the Department course does not give the prestige that graduation from a school of social work bestows upon its students.

Since 1918 Smith College School of Social Work has placed students for nine months' training periods in a few selected state hospitals or clinics. Simmons College School of Social Work has for some years placed part-time students in some of our hospitals. At the present time plans are under consideration for the training of three or more students from Boston University School of Religion and Social Work.

Personnel — Social Service Division, November 30, 1935

INSTITUTIONS AND DIVISIONS	<i>Paid Social Workers</i>	<i>Student Social Workers</i>	<i>Resigna- tions</i>	<i>Vacancies</i>
<i>State Hospitals:</i>				
Boston Psychopathic Hospital	6	3	1	—
Boston State Hospital	4	3	1	—
Danvers State Hospital	4	2	1	1
Foxborough State Hospital	2	2	—	—
Gardner State Hospital	2	—	—	—
Grafton State Hospital	1	1	—	—
Medfield State Hospital	1	2	1	1
Metropolitan State Hospital	2*	2	—	1
Monson State Hospital	2	—	—	—
Northampton State Hospital	2	—	—	—
Taunton State Hospital	3	—	—	—
Westborough State Hospital	2	—	—	1
Worcester State Hospital	3	4	1	1
<i>State Schools:</i>				
Belchertown	3	—	—	—
Walter E. Fernald State School	3	—	—	—
Wrentham State School	2	—	—	—
Total in Institutions	42	19	5	5
<i>Divisions:</i>				
Division of Mental Deficiency	2	—	—	—
Division of Mental Hygiene	6*	2	1	1
Total in divisions	8	2	1	1
Grand Total	50	21	6	6

*One temporary.

Distribution of all Students for the Year:

<i>Hospital</i>	<i>D. M. D.</i>	<i>Smith College</i>	<i>Simmons College</i>	<i>Boston University</i>	
Boston Psychopathic	—	2	—	1	
Boston State Hospital	3	—	—	—	
Danvers State Hospital	2	—	—	—	
Foxborough State Hospital	2	—	—	—	
Grafton State Hospital	1	—	—	—	
Medfield State Hospital	2	—	—	—	
Metropolitan State Hospital	2	—	—	—	
Worcester State Hospital	—	3	1	—	
Worcester Child Guidance Clinic	—	2	—	—	
Division of Mental Hygiene	—	—	—	2	
Totals	12	7	1	3	23

Volunteer service in this Division is not conducted on a very extensive scale as the nature of the work indicates the need of considerable caution in regard to volunteer assistance. During the year some volunteer service has been rendered in a few hospitals. Miss Ethel A. Gleason gave generously of her time to the Mental Hygiene Division and her services were much appreciated.

General:

The duties of the central Social Service office remain numerous and varied. Quite apart from the regular functions of the office relative to supervision or guidance of social service activities connected with the Department, the office seems to have developed gradually and without solicitation into a consulting center for agency social workers and others who request assistance in complicated social situations in which psychiatric factors are involved. Although many of the cases or situations discussed do not become active with the Department it is felt that this service fills a very real need and helps to promote the usefulness of the Department.

In evaluating the Division's activities — failures and successes, one is impressed with the fact that social service has a real contribution to make in the psychiatric field. Frequently one is confronted with the fact that the social treatment of a patient may be just as important as any other kind of treatment that he receives in the hospital. The common goal of both psychiatrist and social worker is that of restoration of the patient to his natural environment in which he may take his place in a fairly effective manner. If this be acknowledged as the real goal of social service in the institution it becomes imperative that social service functions include only those duties that have a bearing upon the social welfare of the patient. Diversified duties that lead away from this central interest will be of comparatively little social value to the patient although they may be desirable or helpful in administrative matters. While both are to be considered it is probably true that the predominating interest of the social worker centers about the patient and the educational work in the community that helps to bring about a better understanding of the needs of mental patients who live outside the hospital.

It is earnestly hoped that the coming year will afford richer opportunities for better and more extensive social work on the part of the Social Service Division and that the social workers may be aware of such opportunities and equipped for the next stage of development in state service.

Appreciation is hereby expressed for the cooperation and support of the Commissioner and other officials who have contributed to the growth and well-being of the Social Service Division.

Respectfully submitted,
HANNAH CURTIS,
Director of Social Service.

REPORT OF THE DIVISION OF MENTAL HYGIENE

To the Commissioner of the Department of Mental Diseases:

The activities of the Division of Mental Hygiene during the year ending November 30, 1935, have continued to be operated in much the same way as they have in previous years. The clinics are of two types: those which are permanent, located in some health center, and those which are used to demonstrate in new communities, the value of mental hygiene and are moved about as the occasion demands.

The consultation and treatment service which the state is providing to maladjusted children, whether it be due to a twisted personality or a group of undesirable habits, offers an opportunity of demonstrating the real value of mental hygiene. It is endeavoring to meet the ever-increasing demands of parents for a better understanding of means and methods of correcting undesirable behavior and personality difficulties as well as cooperating in effecting better school adjustments. Such clinics should be in a position to contribute to a better understanding of delinquency and consequently do something worth while toward its prevention. It is the purpose of the clinics to provide the best program for study and treatment which modern methods have made available. As we have advanced in our knowledge with reference to behavior difficulties, and have more to give in the way of help to parents and children each case becomes more time-consuming. However, through educational methods, it has been possible to reduce the amount of time spent on a less serious group of cases and turn the treatment over to intelligent parents, nurses, psychologists, and social workers, each group being in a position to be helpful in certain types of problems.

The educational activities of the Division of Mental Hygiene have continued to be an important part of the work and a close cooperation has been carried on between other state departments, particularly the Department of Education and the Department of Public Health. Mental hygiene has been recognized as a very vital part of the educational program, and mental health is receiving serious consideration from those interested in the whole problem of the growth and development of the child.

Beside the educational work with professional groups, it has been necessary to keep in mind that the community itself must be awakened to its responsibility as it relates to the child. Community influences are invariably of paramount importance in the development of mental health and the local agencies play an important role in any program that is outlined for the welfare of the child. Public sentiment is being mobilized against activities that are detrimental to the child's welfare and the Division of Mental Hygiene has been active in pointing out just how these detrimental social activities affect the child. Every effort is made to develop a close working relationship between all the agencies in any given community where a clinic is operating. This relationship has been developed most satisfactorily between the clinic and the school and on the whole teachers have been most co-operative with the clinic. The clinic has been in a position to interpret the home to the school and also the school to the home, building up a better relationship between parents and teachers and giving both a better understanding of the particular needs of the individual child. A real stride has been made in the field of education since educators have begun to think in terms of teaching the individual rather than the subject, thinking in terms of developing personality as well as intellect. The advantages of cooperation between the clinic, the parent, and the teachers is not infrequently brought out in the results obtained from handling problem children with educational difficulties. The necessity of the clinic staff getting better acquainted with the schools which they are attempting to help is of paramount importance. If the psychiatrist is to be of value to the school, he must know something about the system of education that is in vogue in the particular community in which he is working.

The clinics operating under the Division of Mental Hygiene have been particularly fortunate in being able to obtain the services of specialists in speech, educational problems, and special disabilities, as well as the whole-hearted cooperation of various hospitals interested in children. Much of this service has been rendered by interested individuals without compensation.

The available clinical facilities for children who are in need of psychiatric help are very much in demand. More and more pressure is brought to bear upon the Division of Mental Hygiene to see that such services are provided. There is a pressing need at the moment for two or three mental hygiene clinics to be organized south of Quincy and also a similar need for more clinics in the Berkshires. Some of the clinics already in operation are overcrowded and demand more clinic hours per week in order to do the job satisfactorily. Here and there clinics are operating bi-weekly which should be giving a weekly service.

Notwithstanding the fact that the service is still inadequate as compared to the needs of the State, the Commonwealth of Massachusetts maintains its leadership in the rendering of psychiatric service to all types and all ages of patients in need of such help and furthermore the service is rendered at a time when it is most valuable to the patient, that is, during the incipient stages of the problem. This clinical service caters to the behavior difficulties and maladjustments of children and the more serious but incipient mental disorders of later life. It is of interest to note in passing that the need of psychiatric clinical facilities for children is now an established fact. Since the first clinic was organized here in Massachusetts in 1922, nearly five hundred similar clinics have been organized and most of them are operating at the present time throughout this country.

If this type of service is to be rendered by the State to the various communities in which state institutions are located, it is absolutely necessary that each institution be provided with funds with which to secure adequately trained psychiatrists, social workers, and psychologists and that the clinic personnel should not have duties connected with the institution. Only in this way can we expect to get whole-

hearted cooperation from the superintendent of institutions in the development of community activities. It is too much to expect an already over-burdened hospital staff to embark upon these extra-institutional demands with any degree of enthusiasm even if they were trained and interested in this particular field of psychiatry.

The psychiatric and psychological approach to the four year old child is quite different from that which is made to the adult. The social situations which cause us concern with reference to the pre-school child are not those in which we would be interested if we were thinking of patients on visit from a state hospital. Both types of work require specially trained and experienced personnel. The personnel to provide for any real extension of the mental hygiene work does not exist at the moment and the necessity for developing training centers for such workers is obvious. Massachusetts has trained and sent to other states, psychiatrists, psychologists, and social workers who have contributed much to the development of the work throughout the country. It is now our task to so develop the work within the state that we may benefit by the services of those we have trained.

Massachusetts has indeed been fortunate in having had three commissioners heading the Department of Mental Diseases who have had the breadth of vision to realize that their job was more than that of providing adequate care and supervision to those who had succumbed to the ravages of mental disease, but who thought in terms of what the state might contribute to the prevention of mental illness. These three commissioners have not only been passively cooperative, but actively engaged in promoting research in any and every field where there was reasonable expectation of getting help in solving the problem of mental disease. Such good fortune has placed Massachusetts well in the front in this country and abroad not only in the care of those who are mentally sick, but also in the application of modern methods of research and investigation of both the laboratory and the clinic.

The members of the staff of the Division of Mental Hygiene have participated in activities not directly related to the work of the Division. They have served on committees studying the problem of juvenile delinquency and crime prevention; also on committees of the Massachusetts State Health Commission (Child Hygiene and Health Supervision of School Children), and the Director was appointed by the Secretary of Labor to serve on the General Advisory Committee on Maternal and Child Welfare. All these activities are directly related to the mental health of children which is so essential in the whole problem of the conservation of mental health.

The Department of Mental Diseases, through the Division of Mental Hygiene, has been in a position to give advice and counsel to many communities interested in the organization and development of mental health clinics.

Various members of the staff have been engaged in investigations pertaining to some aspect of the mental life of the child in an effort to determine the real value of the various methods which are being utilized at the clinic. A study of psychological re-testing of the habit clinic cases in an effort to determine whether re-tests are sufficiently helpful to justify expenditures of time and money is in process. A follow-up study of a group of cases attending the clinics which were discharged as improved as compared with a group of cases discharged as not improved has been made in an effort to determine just what criteria of improvement should be utilized before cases are discharged and the permanency of the results obtained at the clinics. Special attention is being given to psychological tests that may be applied during the early months of life. The management of convulsive disorders in an out-patient clinic and the various factors that contribute to the social and economic stability of this group of patients is being studied. A monograph has been completed and is in the hands of the printer that attempts to evaluate the various aspects of the environment with particular attention to home and school, that contributed to 120 well-adjusted high school students. Papers dealing with various aspects of the mental health of the child which cannot be considered as research projects, but have value to those working in this field have been read by the director at various educational conferences and medical meetings. The director has also cooperated with the Children's Bureau under the United States Department of

Labor in preparing material relative to the mental health of the child which is to be utilized for educational and clinical purposes in relation to the maternal and child health programs under the Social Security Act.

HABIT CLINICS

The staff of the Habit Clinics carried over 1,000 cases during the year 1934 to 1935. Every child coming to the Habit Clinic received one of two types of service: full service and partial service. Full-service cases are those where the child receives complete examination by psychiatrist, psychologist, and social service, and whatever treatment is indicated. Partial-service cases are those where the child is examined by psychiatrist and psychologist, and a partial social history is obtained at the clinic. The home is not visited to obtain a complete history. In some partial-service cases diagnosis and recommendations only are given, but in others treatment is entered into.

Table No. 1 shows that 82% of all cases received the complete type of service. The clinic staff was entirely responsible for 76% of the cases, while in 6% of the full-service cases a social agency took the major responsibility for the social treatment, although in most cases the clinic social worker took a complete social and psychiatric history in the home and school. 18% of the total intake received partial service only, clinic staff taking the full responsibility for study and recommendations. In 5% of these cases the psychologist's examination revealed that the child was feeble-minded and, therefore, not eligible for clinic service. All these cases were referred to the Division of Mental Deficiency. Of the partial-service cases 13% received this type of service for reasons, such as the following: family not interested, psychological examination only requested, diagnosis and consultation requested by school or family, psychiatrist did not consider home investigation necessary for treatment, treatment postponed until the end of the school year or period of hospitalization, child a sibling of another patient and home situation already known, patient too dull or parents not capable of benefitting from clinic service, family moved to a distance, no problem revealed on examination, problem disappeared after one visit to clinic, physical problem only found to be present, or treatment being received elsewhere.

TABLE No. 1. *Habit Clinics — Types of Service Rendered*
December 1, 1934 to November 30, 1935

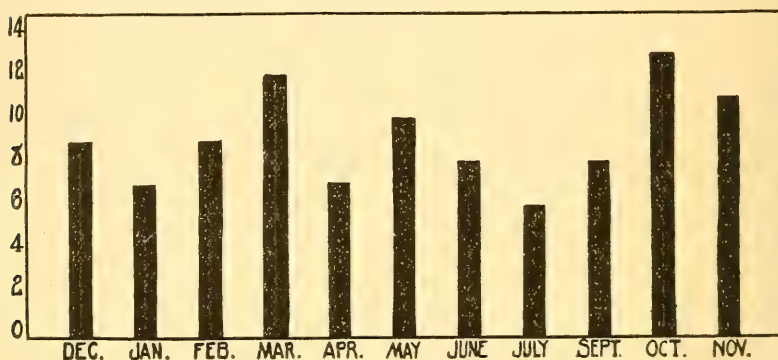
	TOTAL	FULL SERVICE			PARTIAL SERVICE		
		RESPONSIBILITY			RESPONSIBILITY		
		Total	Clinic	Cooper- ative	Total	Clinic	Cooper- ative
Quincy	207	161	161	—	46	46	—
Boston Dispensary	164	126	112	14	38	38	—
West End	141	124	115	9	17	17	—
Lawrence	126	91	91	—	35	35	—
New England Hospital	109	103	103	—	6	6	—
Lowell	98	73	71	2	25	25	—
Reading	94	83	83	—	11	11	—
Norwood	59	48	47	1	11	11	—
North Reading	37	36	—	36	1	1	—
Total number of cases	1,035	845	783	62	190	190	—
Percentage of cases given each type of service	100%	82%	76%	6%	18%	18%	—

Table No. 2 shows the number and percentage of new cases accepted each month. October was the month when the highest peak of intake was reached, March was the next, then November and May. The lowest intake occurred in July. The low figure in July was probably due to the fact that schools were closed, families were all on vacations or outings, and the heat discouraged the effort necessary to come to clinic. The previous year October and March were also the busiest months for the clinic. Last year, however, February and July showed the lowest intake, while this year January and July were the lowest. The weather was probably responsible for this change. Records show that in February, 1934, seven Clinics had to be

cancelled because of blizzards, while the weather in January was apparently not unusual. In 1935 the reverse situation occurred. That is, the blizzards in January caused the cancellation of five clinics while there was no interference with attendance because of the weather in February. The percentage of new cases accepted each month is also shown in Graph 1.

TABLE NO. 2. *Habit Clinics — New Cases Accepted each Month*
December 1, 1934 to November 30, 1935

	Num- ber	Per cent		Num- ber	Per cent
December	56	9	June	49	8
January	44	7	July	42	6
February	55	9	September	53	8
March	78	12	October	83	13
April	48	7	November	69	11
May	66	10	Total for year	643	100



GRAPH I. — PERCENTAGE OF NEW CASES ACCEPTED EACH MONTH
DECEMBER 1, 1934 TO NOVEMBER 30, 1935

Table No. 3 shows the number of new cases accepted in each clinic centre during the year. The difference in the number of cases referred to the clinic in some centres and those referred in others is very marked. This is chiefly indicative of the fact that in certain centres institutions such as hospitals and schools know about the work of the habit clinics and consider the clinics as a community resource. Some communities are much more awake to this opportunity than others. Another consideration that influences the intake is the size of the city or town where the clinic is held. The Quincy Clinic is larger than any one of the Boston Habit Clinics, but less than one-half of the intake of the three Boston Clinics combined which amounted to 277. The Boston Clinics are those which are situated in the Boston Dispensary in the South End, the New England Hospital in Roxbury, and the West End Health Unit. Still another factor in the intake is the presence or absence of other Mental Hygiene clinics for children. There are more in Boston than in other cities where the clinics are held. This has to be considered in relation to the larger population, however. Boston clinics are visited also by children from a wide area outside of Boston. The intake at the North Reading Habit Clinic is lower than any other. This is partly due to the fact that the clinic is only held once a month and that patients from the North Reading Sanatorium are the only ones accepted. Satisfactory service could not be given to a larger number in the limited time allotted to this work at the Sanatorium.

TABLE NO. 3. *Habit Clinics — Number of New Cases Served in each Clinic*
Arranged Numerically
December 1, 1934 to November 30, 1935

Quincy	129	Lowell	60
Boston Dispensary	121	Reading	46
West End	92	Norwood	32
Lawrence	77	North Reading	22
New England Hospital	64	Total	643

Table No. 4 shows the sources from which the new accepted cases were referred. This is shown both by number and percentage for the combined clinics. Numbers only are given for the individual clinics. The total number of cases accepted was 643. Taking the clinics as a whole or as individual units it is obvious that the greatest number of cases referred was either by a health agency or a school. 239 or 37% were referred by health agencies and 183 or 28% by schools. In the clinics as a whole health agencies predominated, but in observing the individual clinics it will be seen that there is a division. Those receiving the greatest number of cases referred from health agencies were Boston Dispensary, Lowell, New England Hospital, North Reading and West End. Those receiving the greatest number from schools were Lawrence, Norwood, Quincy and Reading. In the health group, except for West End, the clinics were held in hospitals. The West End Clinic is held in a City Health Unit. The hospitals where clinics are held consider the Habit Clinic as part of their health service. In the group in which schools predominated as a source there seems little to indicate that the type of place in which the clinic is held is a deciding factor in the referral of cases. The Lawrence and Norwood Clinics are both held in local hospitals, while the Quincy and Reading Clinics are held in schools. Quincy is not held in a public school, but there is an extremely close cooperation between the public schools and the clinic, with monthly conferences between the two organizations. Relatives and friends were the third largest source of referral to the clinics as a whole, and the second largest in Lawrence, New England Hospital, Norwood, Quincy and Reading. Lowell has responded more than the other clinics to community education in the form of lectures, informal talks and newspaper articles.

TABLE NO. 4. — *Habit Clinics — Sources of New Cases*
Showing Percentage and Number of Cases Referred by Each Source
December 1, 1934 to November 30, 1935

	TOTAL		Boston Dispensary	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
	No.	%									
Health Agencies	239	37	106	10	14	31	22	2	18	5	31
Schools	183	28	2	42	8	5	—	15	62	24	25
Relatives and Friends	100	16	—	13	8	14	—	9	26	15	15
Children's Agencies	45	7	9	—	13	3	—	—	3	1	15
Physicians	32	5	2	11	5	1	—	2	9	1	1
Family Agencies	15	2	1	1	—	9	—	—	4	—	—
Clinic Staff	12	2	1	—	4	—	—	1	4	—	2
Community Education	11	2	—	—	7	—	—	2	2	—	—
Settlements }	5	—	—	—	1	1	—	—	—	—	3
Churches }	1	1	—	—	—	—	—	—	1	—	—
Total	643	100	121	77	60	64	22	32	129	46	92

Table No. 5 shows the total case load for each clinic and for the combined clinics. The cases are divided according to sex. The table indicates how many children are of preschool and how many of school age. The age for admission to first grade varies in different communities, so that no definite school age can be made. The total case load is divided into active cases not attending clinic and those who have attended clinic. The active cases not attending clinic refer to those whose cases were continued from the previous year and which are still active with the Social Service, but for various reasons did not return to clinic to see the psychiatrist. Nine hundred and one (901) cases attended clinic and 643 of these were new cases and 258 were old cases. The 901 children attending clinic made 3,317 visits to clinic, an average of three or four visits per child. Four hundred and eighteen (418) clinic sessions were held.

TABLE NO. 5. *Habit Clinics — Total Case Load*
By Clinic, Type of Case, School Status, and Sex

	ALL CLINICS			BOSTON DISPENSARY			LAWRENCE			LOWELL			NEW ENGLAND HOSPITAL		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Total cases carried	1,035	673	362	164	95	69	126	76	50	98	66	32	109	65	44
Preschool age	266	145	121	53	29	24	17	5	12	15	9	6	40	24	16
School age	769	528	241	111	66	45	109	71	38	83	57	26	69	41	28
Active cases not attending clinic*	134	78	56	12	7	5	5	3	2	17	8	9	16	9	7
Preschool age	35	16	19	4	3	1	—	—	—	4	1	3	8	5	3
School age	99	62	37	8	4	4	5	3	2	13	7	6	8	4	4
Cases attending clinic	901	595	306	152	88	64	121	73	48	81	58	23	93	56	37
Preschool age	231	129	102	49	26	23	17	5	12	11	8	3	32	19	13
School age	670	466	204	103	62	41	104	68	36	70	50	20	61	37	24
New cases	643	420	223	121	67	54	77	44	33	60	44	16	64	38	26
Preschool age	180	101	79	41	23	18	16	5	11	10	7	3	25	14	11
School age	463	319	144	80	44	36	61	39	22	50	37	13	39	24	15
Old Cases	258	175	83	31	21	10	44	29	15	21	14	7	29	18	11
Preschool age	51	28	23	8	3	5	1	—	1	1	1	—	7	5	2
School age	207	147	60	23	18	5	43	29	14	20	13	7	22	13	9
Visits by children to clinic	3,317	2,401	916	371	247	124	550	335	215	348	257	91	373	277	96
Number of clinics held	418			91			46			48			43		

*Supervision maintained by Social Service without further visits to clinic.

TABLE NO. 5. *Habit Clinics — Total Case Load — Continued*

	NO. READING			NORWOOD			QUINCY			READING			WEST END		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Total cases carried	37	26	11	59	41	18	207	138	69	94	61	33	141	105	36
Preschool age	6	5	1	17	11	6	61	27	34	14	6	8	43	29	14
School age	31	21	10	42	30	12	146	111	35	80	55	25	98	76	22
Active cases not attending clinic*	15	10	5	7	5	2	39	23	16	16	10	6	7	3	4
Preschool age	3	3	—	—	—	—	11	4	7	3	—	3	2	—	2
School age	12	7	5	7	5	2	28	19	9	13	10	3	5	3	2
Cases attending clinic	22	16	6	52	36	16	168	115	53	78	51	27	134	102	32
Preschool age	3	2	1	17	11	6	50	23	27	11	6	5	41	29	12
School age	19	14	5	35	25	10	118	92	26	67	45	22	93	73	20
New Cases	22	16	6	32	20	12	129	87	42	46	33	13	92	71	21
Preschool age	3	2	1	10	7	3	38	19	19	6	2	4	31	22	9
School age	19	14	5	22	13	9	91	68	23	40	31	9	61	49	12
Old Cases	—	—	—	20	16	4	39	28	11	32	18	14	42	31	11
Preschool age	—	—	—	7	4	3	12	4	8	5	4	1	10	7	3
School age	—	—	—	13	12	1	27	24	3	27	14	13	32	24	8
Visits by children to clinic	27	19	8	200	143	57	580	440	140	259	195	64	609	488	121
Number of clinics held	9			44			43			46			48		

*Supervision maintained by Social Service without further visits to clinic.

Table No. 6 gives the percentages for the combined clinics which are shown by number in table No. 5. 65% of the total case load were male and 35% female. 26% of the total case load were children of preschool age and 74% were children of school age. 13% were active cases not attending clinic, and 87% attended clinic. 62% were new cases and 25% old. 72% of the visits made by children to clinic were made by boys and 28% by girls. The proportion of boys and girls of preschool and school age is about the same over a period of several years.

Social workers have taken their part in the weekly conference of the whole staff, presenting case records, or groups of records showing similar problems for discussion, reporting an adjustment that a group of cases made in camp during the summer, reporting on the proceedings of the National Conference of Social Work, on the place of the Habit Clinic in a medical dispensary and on other matters of social and general interest. In addition to these meetings with the psychiatric and

psychological staff social workers held separate staff meetings where there was more detailed discussion of the aim and theories of social case work.

TABLE No. 6. *Habit Clinics — Clinic Statistics by Percentage*
December 1, 1934 to November 30, 1935

	TOTAL %	ALL CLINICS	
		MALE %	FEMALE %
Total Case Load:	100	65	35
Preschool age	26	14	12
School age	74	51	23
Active Cases Not Attending	13	8	5
Preschool age	3	1	2
School age	10	7	3
Cases Attending Clinic	87	57	30
Preschool age	22	12	10
School age	65	45	20
New Cases	62	41	21
Preschool age	17	10	7
School age	45	31	14
Old Cases	25	17	8
Preschool age	5	3	2
School age	20	14	6
Visits by Children to Clinic	100	72	28

Two new social service forms were developed; one to be used as a guide in summarizing the treatment at the close of each case, and the other, a new history outline.

The social case work, clinic management, and research work has been carried by six psychiatric social workers, four giving full time to clinic work, one, full time to research, and one giving half time to clinic work and half time to research. October 30, one of the psychiatric cases workers, Mrs. Eda Fitch Anderson, was transferred from the Division of Mental Hygiene to Westborough State Hospital to assume the duties of Head Social Worker. Mrs. Myrtle C. Tandy, who had resigned from the Division of Mental Hygiene in 1932 returned on a temporary basis to take the work that Mrs. Anderson had been doing.

Student training has been carried on in cooperation with Harvard University, Department of Sociology and the Garland School of Home Making. Volunteers have given generously of their time under the supervision of the trained social staff.

The following is a report of the Psychological Service for the year ending November 30, 1935, submitted by Dr. Rose G. Hardwick.

The staff now consists of a chief psychologist and three assistants, all part-time workers. These four are responsible for the psychological examining in the various clinics and carry on some research work. They are expected to be in attendance at numerous conferences.

The effort to adapt each clinic to the needs of its own locality continues to produce, as heretofore, a wide variety of claims upon the psychologist. Each clinic has its own characteristic problems, yet the examiner rarely knows in advance whether her next subject will be a child of eighteen months or a high school senior; still less can the nature of the problem be foreseen. It continues, therefore, to be necessary to give each psychologist the utmost freedom possible in choice of equipment and in the shaping of her examination programs so as to take advantage of the most favorable approach to each child and to obtain in each case as adequate a picture as may be of that child's mentality.

This extreme individualization in the psychological service is balanced by frequent conferences of the psychological staff, at which the four workers meet to discuss their various problems and procedures so as to maintain the essential unity of this service and to enable each worker to profit by the experiences and suggestions of the others.

By their attendance at the weekly conferences of the entire Habit Clinic Staff the psychologists are kept in contact with the other two branches of the service outside of those clinics to which they are assigned. The closest contact and that which contributes most to the efficiency of the service is that with the other members of the team at each clinic. This varies from one locality to another with the arrangement of the rooms available, but under favorable conditions consultations on the spot that require but a minute or two may contribute as much as another half hour of examining on general principles.

We continue to have a large number of problems referred from the schools, especially in Lawrence and Quincy. In many of these cases achievement tests are needed in addition to the usual tests of mental ability. Besides the tests in use by the Travelling Psychiatric School Clinics to determine approximately a child's grade status, we have also made some use of the Metropolitan Achievement Tests, Primary, The Detroit Word Recognition Tests, The Lee-Clark, and the Van Wagenen Reading Readiness Tests. The Gray Oral Reading Paragraphs are particularly helpful. This part of the testing program should be much extended but it is time-consuming work and only the most urgent cases can be covered with the present arrangement of one psychologist to a clinic.

In cases of defective speech, stammering and the like, the Stanford-Binet scale often cannot be relied upon to give representative scores and it is necessary to resort to performance tests or, with older children, pencil and paper tests, such as Otis S-A, to obtain anything like a true picture of the child's mentality. These cases are, naturally, most numerous in the two clinics, Lawrence and West End, where a speech correction worker is a regular member of the team.

One of the most frequent of school problems is the specialized reading difficulty and recently the presence of an exceptionally able remedial teacher as a volunteer at Quincy and the West End has attracted an unusual number of such cases to those clinics. The question arises how much diagnostic testing of these children, should be done by the clinic psychologist and how much may be left safely to the person who carries on the remedial work. There is no general answer to this question. A very little, just enough to demonstrate the existence of such a problem, is sufficient in a clinic where an able teacher is available to take over the case at once. In another clinic where there are one or more qualified teachers in the local school system, the demand for their services is likely to be far in excess of the time they have to give. Then it is for the clinic examiner to carry the study far enough to estimate both the child's need and his capacity to respond to a special opportunity. In a third locality there may be no person trained in remedial teaching but the regular grade teacher may be deeply interested and able to individualize her work with a particular child, if someone can point out to her in detail where the trouble lies and make concrete suggestions as to treatment. In such cases it is desirable for the clinic examiner to do a good deal more in the way of testing and in the interpretation of results.

Of late parents, teachers, and clinic workers, all are becoming increasingly aware both of the prevalence of specialized difficulties in the various school subjects and the need of specific remedial teaching for such cases, and, also, of the very great importance of school adjustments as a factor in child behavior. As the cooperation between schools and clinics becomes closer we must expect the referral of more and more of these school problems.

Although the psychologists work in close cooperation with other members of the staff, there are certain types of problems which are preponderantly psychological in nature and in which the psychologist plays the dominant role in therapy: always, however, under the general supervision of the director. Such a plan tends toward the conservation of time in a busy clinic and these problems to a very large extent are related to the adjustment of those individuals who have special abilities and disabilities that have to be considered in relation to their academic achievements.

RESEARCH ACTIVITIES

Dr. Abraham Myerson, director of the psychiatric research project conducted under the auspices of the Rockefeller Foundation at the Boston State Hospital, submits the following report of the activities carried on under his supervision.

A great deal of time was given by Dr. Leo Alexander, Miss Levin, and the director in preparing a report for the American Neurological Association on sterilization. The report is a comprehensive one and takes up, first, the general question of whether or not there is a biological increase in mental disease and deficiency as shown by commitment rates, birth rates, death rates, divorce rates, and survival and reproductive rates generally speaking. This report shows definitely that the biological background for mental disease and deficiency is such that no increase is to be expected and, in fact, a decrease would naturally follow the operation of these biological forces. The report goes on to consider then the work done in the field

of dementia praecox, manic-depressive psychosis, feeble-mindedness, epilepsy, and crime and concludes that there is a hereditary factor operating in the case of feeble-mindedness and less certainly in the case of dementia praecox and manic-depressive psychosis. There is no conclusive evidence that there is a hereditary factor of any kind in epilepsy. Concerning crime, it may be stated that nothing approaching proof has been adduced to show that heredity is an important matter in the production of crime. As a result of the study, the report recommends a very limited sterilization law, voluntary in character and to be enforced only on mature consideration of each individual case.

The neuropathological work of this division is carried out by Dr. Alexander, and during this past year we have been principally concerned with the results of microincineration. This term applies to a method by which the organic substances of the nervous system are burned away, leaving only the minerals, and these are left in the position which they normally occupy within the cellular and fibrillar structures. We believe it can be definitely stated that a new and fundamental approach to the pathology of the nervous system has thus been opened. For example, it appears that, contrary to the earlier conception, the minerals take an active part in the cellular life; that arterial softening processes are marked by a diminution of mineral substances; and that inflammatory processes are associated with an increase of minerals. New growths show as part of their activity an increase in the mineral content of their cells, whereas in multiple sclerosis there is a demineralization of the lesion. In senile dementia, where the so-called senile plaques form an important part of the pathological picture, the minerals are neither increased nor decreased, contrary to the former ideas on the matter. It is impossible in a report to indicate the great importance of these facts. They seem to us to point in a way to a new approach to the pathology of the brain and the nervous system generally.

Work on the actual chemical constitution of the brain has been started with the advent of the new equipment, but we are not at all ready to make any statements on results.

Pharmacological work has been carried out in the laboratory, especially on those drugs which profoundly influence the nervous system. Thus, a study has been finished on mechoilin. A second study has been started on the drug known as benzedrine. An important phase of the activity of this drug is this — that the blood pressure is raised and remains elevated for a considerable height by the use of benzedrine over a period of days. Moreover, the blood pressure, which tends to fall during amytal anesthesia, may be maintained at a normal height by the prior administration of benzedrine. While this effect of benzedrine does not apply directly to any of the problems of psychiatry, we are quite certain that it applies to the problems of medicine in general and certainly to surgery and have arranged to carry on collaborative studies with internists and surgeons with respect to those conditions in which the heart and circulatory failure produce death.

For the time being, the laboratory has ceased to study the intracranial pressure. We have reached a point where we can very definitely state what the important factors are and have read several papers on the subject which are now being printed. We believe this work has been fundamental in its approach to the problem of intracranial dynamics.

A method of visualizing the cerebral arteries and veins was developed in this laboratory. It depends on the use of thorotrast injected into the carotid artery. Some very beautiful plates have been obtained by this, and much interest has been manifested by others.

The director has carried on clinical studies together with Dr. Schube of the Boston State Hospital staff. These have just been started, and we have nothing to report on our work at the present time. However, the approach in this collaboration is directly psychiatric, in that we are attempting to deal at first-hand with the diagnosis and care of the mental diseases.

The director has been appointed by the Commissioner of Mental Diseases as chairman of a state committee to sponsor and stimulate research in the state hospitals. We are arranging to give teaching courses at the Boston State Hospital

which will be open to members of the staffs of other institutions who are interested in certain of the research techniques and subjects.

Papers published:

Loman, Julius: Progress in Neurology in 1933; New England Journal of Med., 212, 1:13-25, (Jan. 3) 1935.

Dameshek, W., Myerson, A., and Stephenson, C.: Insulin Hypoglycemia; Arch. of Neurol. and Psychiat., 33:1-18 (Jan.) 1935.

Myerson, A.: A critique of proposed "ideal" sterilization legislation; Arch. of Neurol. and Psychiat., 33:453-463 (Mar.) 1935. (Read at Sixtieth Annual Meeting of the American Neurological Association, Atlantic City, N. J., June 6, 1934.)

Loman, J., Myerson, A. and Goldman, D.: Effects of alterations in posture on the cerebrospinal fluid pressure; Arch. of Neurol. and Psychiat., 33:1279-1295 (June) 1935. (Read by title at the Sixtieth Annual Meeting of the American Neurological Association, Atlantic City, N. J., June 6, 1934.)

Myerson, A. (Chairman): Report of the Committee for the Investigation of Sterilization — American Neurological Association, June 5, 1935. Monograph. (Read at Sixty-first Annual Meeting of the American Neurological Association, Montreal, Canada, June 5, 1935. Read before the Massachusetts Psychiatric Society, December 13, 1935.)

Myerson, A.: Hysterical paralysis and its treatment; J.A.M.A., 105, 20:1565-1567 (Nov. 16) 1935.

Myerson, A. (Chairman): Summary of the Report of the American Neurological Association Committee for the Investigation of Sterilization; Am. J. of Psychiat., 92, 3:615-625 (Nov.) 1935.

Papers in Press:

Loman, J. and Myerson, A.: Visualization of the cerebral vessels by direct intra-carotid injection of thorium dioxide (thorotrast); (Am. J. of Roent. and Radium Therapy). (Read at Sixty-first Annual Meeting of the American Neurological Association, Montreal, Canada, June 3-5, 1935; and before the New York Academy of Medicine, January 14, 1936.)

Loman, J. and Myerson, A.: Studies in the dynamics of the human cranio-vertebral cavity. (Am. J. of Psychiat.) (Read at the Ninety-first Annual Meeting of the American Psychiatric Association, Washington, D. C., May 13-17, 1935.)

Loman, J., Dameshek, W., Myerson, A. and Goldman, D.: Direct intra-arterial blood pressure readings in man. II. The effect of alterations in posture upon the carotid, brachial and femoral pressures. III. The effect of alterations in posture upon the carotid blood pressure in arteriosclerosis, during syncope, and following the use of vasodilator drugs. (Arch. of Neurol. and Psychiat.)

Myerson, A.: Relation of trauma to mental diseases. (Am. J. of Psychiat.) (Read at Ninety-first Annual Meeting of the American Psychiatric Association, Washington, D. C., May 13-17, 1935.)

Loman, J.: Progress in Neurology in 1934; New England J. of Med., 213, 25: 1238-1248 (Dec. 19) 1935.

Other Papers Read:

Alexander, L., Myerson, A. and Goldman, D.: Mineral contents in cerebral lesions as demonstrated by the microincineration method. (Read at the Boston Society of Psychiatry and Neurology, November 21, 1935.)

Dr. Harry C. Solomon has been directing a varied and important group of researches during the past year. The following list of papers either published or being published, is indicative of the work carried on under his direction:

1. An Improved Apparatus for Encephalography Adaptable to Ventriculography. S. H. Epstein, M.D. and T. J. C. von Storch, M.D. The American Journal of Roentgenology and Radium Therapy — Vol. XXXIV, No. 4, October, 1935.
2. Dementia Paralytica — Results of Treatment with Malaria in Association with Other Forms of Therapy. H. C. Solomon, M.D. and S. H. Epstein, M.D. Archives of Neurology and Psychiatry, May 1935, Vol. 33, pp. 1008-1021.

3. Dementia Paralytica — Results of Treatment with Tryparsamide. H. C. Solomon, M.D. and Samuel H. Epstein, M.D. Archives of Neurology and Psychiatry, June 1935, Vol. 33, pp. 1216-1230.
4. The Hinton Test in Neurosyphilis. S. H. Epstein, M.D. New England Journal of Medicine, Vol. 212, No. 11, pp. 495-496, March 14, 1935.
5. Hyperpyrexia at the Boston Psychopathic Hospital. S. H. Epstein, M.D. New England Journal of Medicine, Vol. 212, No. 14, pp. 611-613. April 4, 1935.
6. Therapeutic Hyperpyrexia Induced by Diathermy and Electric Blanket. S. H. Epstein, M.D. and Thomas McHugh, R. N. Archives of Physical Therapy, X-ray, Radium, January 1935, Vol. XVI, pp. 32-35.
7. Metabolic Rates in Therapeutic Fever. Israel Kopp, M.D. American Journal of the Medical Sciences, October, 1935, No. 4, vol. 190, p. 491.
8. The Velocity of the Blood Flow in Therapeutic Hyperpyrexia. Israel Kopp, M.D. Accepted for publication in the American Heart Journal.
9. General Paresis: Treatment by Tryparsamide — Induced Fever Sequence. H. C. Solomon, M.D. and S. H. Epstein, M.D. To be published in the American Journal of Syphilis.
10. Dementia Paralytica. Results of Treatment with Diathermy Fever. S. H. Epstein, M.D., H. C. Solomon, M.D. and Israel Kopp, M.D. To be published in the American Medical Association Journal.

In addition to these, several other papers are under way, a large part of the work being already accomplished, the following of which may be mentioned:

1. Psychometric Responses to Treatment of General Paresis.
2. Follow-up Studies of Treated Cases of Tabes Dorsalis.
3. The Technique of Encephalography.
4. Study of Charcot Joints.
5. Observations on the Effect of Acetarsone.
6. Observations on the Effect of Mapharson.
7. Pathological Studies of Diathermy Treated Cases of Neurosyphilis.

Dr. D'Elseaux has practically completed a large monograph dealing with work done over a period of nearly five years relative to the integration of the various major systems of the body under stress.

Dr. Solomon points out that a great many offers of assistance have come from various sources. His annual report of the Department of Therapeutic Research shows that the work done at the hospital aided in part by funds from the Division is made possible by the quite elaborate hospital set-up. As a result of this set-up, he has been fortunate enough to receive two Kettering hypertherm apparatuses for work on artificially induced fever, through the courtesy of the Frigidaire Corporation. He has also received from the Therm-a-Mode Company an electric blanket, and through the DeLamar Mobile Research Fund, a diathermy apparatus.

Dr. Solomon states, "We have received some funds from private sources. We have also been doing some work in conjunction with Dr. Gibson of the Peter Bent Brigham Hospital, much of the chemical analysis in his laboratory. The State Department of Public Health has paid the expenses of a nurse working in the Fever Therapy Department.

"The use of various artificial means of producing fever has led us into studies of the metabolism of the human being in febrile states. As already indicated, several papers have been published already; more work is in progress. Another great interest in this field is the effect on the psychological state of the patient undergoing fever treatment. This affords a beautiful acute experiment in producing a delirium or a state that approaches delirium. With the assistance of Dr. F. Lyman Wells of the Psychological Department, consistent studies are being made along this line.

"Through a period of years we have felt the lack of completeness in our work because we did not have facilities to make histological studies. It has come to a point where we felt that this is absolutely essential, hence, we have made plans to start a modest neuropathological laboratory and for this purpose are getting some additional funds by private donation. In the meantime, during the past year, we have collected some material bearing on the subject of the effect of both tryparsamide and fever therapy in syphilis of the nervous system. Curious as it may seem,

there is no study on record of the histological effects following tryparsamide therapy, and there is extremely inadequate mention of the effects produced by artificial fever."

The following report of the research activities as conducted at the Worcester State Hospital from December 1, 1934, to November 30, 1935, is submitted by Dr. Francis H. Sleeper, Resident Director of Research.

As in the past year, the research on schizophrenia has been subsidized by the Division of Mental Hygiene of the Massachusetts Department of Mental Diseases, the Worcester State Hospital, the Memorial Foundation for Neuro-Endocrine Research, and the Rockefeller Foundation. It has continued under the direction of Drs. R. G. Hoskins and F. H. Sleeper.

During the fiscal year twenty-five schizophrenic patients and twenty-five normal men were studied in parallel, as outlined in the previous report, the control subjects living on the wards and undergoing the same tests as the patients. The schizophrenic patients represented a somewhat earlier stage of the psychosis than those previously studied, and the paranoid sub-type was more frequently represented in the sample. The data have been tabulated and the material is being prepared for publication. With this survey the general orientation phase of the research will probably be concluded and future efforts will be directed largely to individual projects, although the cooperative nature of the research will continue to be emphasized.

During the year a thorough critical survey of the previous eight years' work was made and methods of improving the service were given special consideration. Certain changes in administrative procedure were adopted. A Research Council was appointed, consisting of the key men of the organization. This council holds weekly meetings, when all major matters of policy are discussed. It has proved to be a highly effective means of improving coordination within the service.

A different method of inaugurating new research projects was adopted. The research worker advancing a project works out a protocol, discusses the pertinent literature orienting the problem, the possible means of solution, the possible sources of error and means of combatting these. A detailed estimate of total expenses and of the time involved concludes the protocol. A committee is appointed to consider each protocol in detail. The Directors and Chief Biometrician are ex-officio members of all committees. The plan provides for thorough initial critical appraisal of the project and serves to bring to bear on it all the expert counsel available in the group. The plan has proved valuable even to the more experienced investigators on the service. The Editorial Board of five members continues to pass each communication before it is submitted for publication.

The following papers from the Research Service may be discussed briefly:

A Biometric Study of the Relation between Oral and Rectal Temperatures in Normal and Schizophrenic Subjects. Forrest E. Linder, Ph. D. and Hugh T. Carmichael, M. D., C.M., M.S. Human Biology. 7: 24, February 1935.

The paper gives an account of the oral and rectal temperatures obtained in 25 schizophrenic patients and 25 normal control subjects together with a biometrical analysis of the data. There is no important difference in the temperatures of schizophrenic and normal subjects. In neither group is there a very close relationship between temperatures taken at the two sites. The schizophrenic shows less than normal lability in local adaptivity to temperature regulations. As a result of this study it is concluded that important differences found in the degree and manner of the relation of the oral to rectal temperatures indicate that the organization of the temperature regulating mechanisms in the schizophrenic is different than in normal subjects.

The Reflex Time of the Patellar Tendon Reflex in Normal and Schizophrenic Subjects. Paul E. Huston. Journal of General Psychology. 13: 3, July, 1935.

It has been the general plan of the Psychology Department to study the simplest type of response to stimulation at one extreme, to complex reactions to the environment on the other. It has been postulated that defects in reflex responses (knee jerk) are present in schizophrenia. This study was carried out with meticulous attention to detail and it has been shown that there is no difference between the response in the schizophrenic as compared with that of the normal.

A Pharmacodynamic Investigation of the Autonomic Nervous System in Schizophrenia. I. Effect in Intravenous Injections of Epinephrine on the Blood Pressure and Pulse Rate. H. Freeman, M.D. and H. T. Carmichael, M.D. *Arch. Neur. & Psychiat.* 33: 342, February, 1935.

The reactions of schizophrenic and normal subjects to various drugs having characteristic selective actions upon the sympathetic and parasympathetic components of the autonomic nervous system have been studied. This paper discusses the results obtained in the use of adrenin in 72 schizophrenic and 24 normal subjects. Significant differences between the two groups were obtained. The blood pressure and pulse rate did not react as freely in the schizophrenic as in the control subjects. Prior to the injections of adrenin, a fairly close relationship between the systolic and diastolic blood pressure was found, but after the injections the association was almost totally disrupted. The schizophrenic has less than normal sympathetic reactivity. A study of the correlation between systolic and diastolic blood pressure affords a practical criteria of such reactivity.

The Therapeutic Use of Dinitrophenol and 3.5 Dinitro-Ortho-Cresol in Schizophrenia. J. M. Looney and R. G. Hoskins. *American Journal of Psychiatry.* 91: 1009, March 1935.

Both of these drugs significantly increased the rate of oxygen consumption of schizophrenic patients but were without significant therapeutic value in regard to the mental manifestations.

Investigation of Polyuria in Schizophrenia. Francis H. Sleeper, M.D. *American Journal of Psychiatry.* 91: 1019, March 1935.

An attempt was made to explain the polyuria occurring in schizophrenics on physiological grounds. There was some reason to believe that the hypothalamic area might be especially involved. The evidence did not warrant this assumption, but rather seemed to point to psychological reasons for the condition.

Body Temperatures of Persons with Schizophrenia and of Normal Subjects. Effect of Changes in Environmental Temperature. Jacques S. Gottlieb, M.D. and Forrest E. Linder, Ph.D., *Archives of Neurology and Psychiatry.* 33: 764, April 1935.

This is part of a larger study of homeostasis in schizophrenia. Findings were interpreted as indicating the thermohomeostasis is defective.

The Bromide Permeability Test in Schizophrenia. Hugh T. Carmichael, M.D., C.M., Joseph Rheingold, M.D., and Forrest E. Linder, Ph.D. *Journal of Nervous and Mental Diseases.* 82: 125, August 1935.

It has been claimed that the schizophrenic patient can be shown to be somewhat abnormal in regard to the interchange of bromide between brain tissues and the circulating blood. It was found that considerable variability in the partition exists. In this series the schizophrenic showed no characteristic peculiarity nor was there any relationship between changes in the coefficient and changes in the clinical condition of the patient.

The Effect of Changes in the Environmental Temperature on the Blood Pressure and Pulse Rate in Normal Men. Jacques S. Gottlieb, *American Journal of Physiology.* 113: 181, September 1935.

This paper also reports on a problem which was a part of the investigation of the broad problem of homeostasis. In this case the effect of increase in the environmental temperature on blood pressure and pulse rate was investigated. An increase in the environmental temperature caused a significant increase in the pulse rate and the diastolic blood pressure but not in the systolic pressure.

Volume of Blood in Normal Subjects and in Patients with Schizophrenia. Joseph M. Looney, M.D. and Harry Freeman, M.D. *Archives of Neurology and Psychiatry.* 34: 956, November 1935.

We have been specially interested in the oxygen metabolism of schizophrenic patients. It was necessary to consider the efficiency of the mechanisms for the transportation of oxygen. This depends in part upon blood volume. It was found that the blood volume of the schizophrenic when referred to the surface area was less than normal. In work reported last year, it was shown that the speed of circulation of the blood was also less than in normal individuals. Presumably with

both these factors operating there might be a reduced efficiency of circulation in the brain. This effect may be one of the causal factors of the psychosis.

This article received an associated press release coming from Chicago where the Journal is published.

Progress and Problems in Endocrinology. R. G. Hoskins, Ph.D., M.D., Journal of the American Medical Association. 105: 948, September 1935.

This is a resumé of endocrinology up to the date of publication and was the subject of an address to the Section on Pediatrics of the American Medical Association at their annual meeting.

Psychiatry is primarily concerned with the abnormal behavior of the individual, and how it can best be altered for better adjustment. Psychiatric research, therefore, has its emphasis placed on why certain individuals behave in a psychotic way. It aims at being able to evaluate all of the physiogenic, psychogenic, neurogenic, constitutional and other data in terms of the patients' behavior. Since our means of delimiting schizophrenia from other mental diseases are limited to differences in mode of behavior (thinking, feeling, acting), it becomes evident that if one uses this concept for delimiting the problems for research, the final evaluation is a psychiatric one.

Through a grant by the Rockefeller Foundation, we have finally been able to augment our psychiatric research staff to a point where the psychiatric case load allows more investigative work to be carried on. In May 1935, Dr. Eilhard von Domarus, who received his training at the University of Jena and Yale University, joined our staff. His special field of investigation is in thinking disturbances in dementia praecox.

In July 1935, after spending a year at Guy's Hospital in London, Dr. Louis Cohen came to us from the Institute of Human Relations at Yale University. At present he is centering his interest chiefly in the problem of deterioration as it occurs in schizophrenia.

Dr. D. Ewen Cameron, who is Physician in Charge of the Reception Service of the Provincial Mental Hospital at Brandon, Manitoba, and the author of "Objective and Experimental Psychiatry," spent three months this Fall on the Research Service. During this period, he undertook the study of the relation of the systolic to the diastolic blood pressure in a group of emotionally unstable patients. Previous investigators in this hospital have shown that study of this relationship in the schizophrenic group indicates that the sympathetic nervous system is considerably less active in this disorder than in normal individuals. Statistical analysis of Dr. Cameron's findings is being carried out and so far indicates that we may expect to find that the sympathetic nervous system is unduly active in the emotionally unstable group.

During the year, Dr. Andras Angyal has continued his investigations in certain symptom complexes occurring in schizophrenia. He has observed that certain schizophrenics present a number of symptoms which are not likely to occur alone in patients, but only in association with each other. The consistent association of these symptoms seems to be indicative of the presence of a particular syndrome. The principal components of the symptom-complex are: (a) Disturbances of self-awareness (alter ego, depersonalization, etc.); (b) Experience of motor influences and automatism; (c) Certain somatic "delusions"; (d) Auditory hallucinations with endosomatic localization; (e) Phenomena resembling Lilliputian hallucinations (this is not constant); (f) In the more severe cases, a certain type of activity disturbances. The following paper deals with a single aspect of this symptom-complex:

The Perceptual Basis of Somatic Delusions in a Case of Schizophrenia. Andras Angyal, M.D. Archives of Neurology and Psychiatry. 34: 270, August, 1935.

The somatic delusions of a schizophrenic patient were analyzed. The perceptual basis of such delusions proved to consist of certain tactile and kinesthetic phenomena which under certain conditions also appear in normal persons. One of these phenomena consists in the projection of a movement produced by the organism itself (by arterial pulsation, respiratory movements or activity of the skeletal muscles) into an external object which is in contact with the moving part of the

body. As another source of somatic delusions were found certain peculiar kinesthetic after-sensations which arise when, without the knowledge of the subject pressure is removed from a muscle group (for example, by diminishing gradually the weight of an object resting on a certain muscle group). The kinesthetic after-sensation which arises under such conditions consists in an impression that a substance is emanating from the particular region of the body from which the pressure was removed. The frequent occurrence of such phenomena in this patient seems to be due to severe disturbances of self-awareness.

Dr. Cohen has been engaged in carrying out the following projects:

1. Deterioration in Schizophrenia with special reference to the significance of stupor. This is a long term project in which an attempt is being made to describe and evaluate the factors involved in personality deterioration. The first factor which is under consideration is stupor and its associated characteristics.

2. Cardiochronographic reactions to pain in schizophrenic patients (with M. Patterson). This is a study of heart-rate changes to painful stimulation in schizophrenics, including a group in schizophrenic stupor.

3. The effects of hyperthyroidization on deteriorated schizophrenics (with J. H. Fierman). A study of the physiological and psychiatric changes induced by massive thyroid ingestion is in progress on patients in whom deterioration is extreme.

Dr. von Domarus has continued his investigations on the study of "Thinking Disturbances in Dementia Praecox". Patients have been interviewed daily over extended periods. Their productions have been reported literally and the material studied as to possible laws not yet discovered, but governing the thought processes of schizophrenia. Interpretation of the productions has shown that benign and malignant thinking disturbances may be distinguished. Benign thinking disturbances are defined as those which show correctibility and less strange productions and also go together with a good prognosis. Malignant thinking disturbances show incorrigibility, are para-logical and the prognosis is poor. At the same time, the question has arisen as to whether the thinking disturbances are caused by a disease process or whether they are primary — setting up further destructive processes.

Dr. Miller's approach has been chiefly centered about psychosomatic relationships.

A paper "Psychogenic factors in the polyuria of schizophrenics" was read at the annual meeting of the American Psychiatric Association, May 1935, and is accepted for publication in the *Journal of Nervous and Mental Diseases*. A summary of the contents follows.

A previous study by Sleeper and a more recent study by Sleeper and Jellinek revealed a high percentage of polyuria in the schizophrenic population. Exhaustive physiological and biochemical investigations gave no clue for the high fluid intake and output. It was then decided that the motives for the ingestion of large amounts of fluid should be studied. It soon became apparent that the high polyuria group was composed of individuals in whom the drinking of water and other fluids had a high symbolic value. As a group they showed many strongly fixed oral interests, without the development of distinguishing delusional symptoms. On the other hand, patients from the group with a low output of urine volume appeared to have developed feelings of guilt if oral preoccupation were present. They developed most often paranoid delusions of poisoning or ideas concerning the ingestion of noxious and harmful substances. Consequently the taking of food and fluids by mouth was greatly restricted.

Under the stimulus of Hoskins' use of endocrines in schizophrenia, the utilization of these products as tools for bringing about clinical variability in the psychoses has been emphasized. We believe we have shown that alterations in basic energy distribution can be brought about by the use of thyroid, male sex hormone (androstine) and adrenin. By studying the shifts in the behavior pattern, one is better able to evaluate the means at the disposal of the particular patient for handling these shifts. This would appear to offer us a valuable tool for approaching the problems of research in psychiatry. The methods by which the individual psychotic can make readjustments to shifts in the balance of his tensions, as brought about

by the use of hormones and related drugs, give the investigator an opportunity to study psychodynamics in process. There have been many indications from our previous physiological-biochemical investigations that the homeostasis of the organism is disturbed in schizophrenia. Psychoanalytic and dynamic psychiatry has long pointed out the significance of the instinctual tensions in the formation of personality and its deviations.

Another study of psychosomatic relationships has been the use of the cardio-chronograph for the study of affectivity in relationship to the content of the psychotic reaction. Patients were interviewed under varying stipulated conditions while a continuous record of the heart beat was being recorded. Synchronously with this a verbatim stenographic record was made so that fluctuations in the heart rate could be recorded accurately with the content. Present indications are that this method may give a clue to what experiences are significant in the life of a schizophrenic.

There has been considerable advance made during the year in integrating the program of research of the Psychology Department. At the more immediate theoretical level, it is organized about the concept of needs and their satisfaction. In the normal person the characteristic pattern (all the patterns here presented are, of course, much simplified for purpose of exposition) in the process of satisfaction of needs is considered to be:

1. Need Disequilibrium (without anxiety)	Attempt to reestablish equilibrium	Direct Satisfaction	Equilibrium
or frequently:			
2. Need Disequilibrium (without anxiety)	Attempt to reestablish equilibrium	Frustration	Continued disequilibrium without anxiety
		Indirect satisfaction at mature level (e.g. sublimation)	Equilibrium

In the psychotic, especially the schizophrenic, the characteristic pattern of the satisfaction process is different, and it is postulated to be of the nature of the following:

1. Need Disequilibrium (without anxiety)	Attempt to reestablish equilibrium	Frustration	Continued disequilibrium with anxiety
	Regression	Satisfaction	Equilibrium

The major distinction which is made between normal and psychotic persons is that whereas the normal person's way of reaching equilibrium is by means of reality-serving devices, that of the psychotic is through regression (reversion to a channel of expression belonging to a phase of development earlier than that indicated by the chronological status of the individual). It must be understood, too that the pattern of behavior suggested is the characteristic type of behavior — not the invariable type of behavior — and that the difference between a psychotic and a normal individual lies in the prevalence of this behavior. It is also probable that, biographically, behavior of type 3 follows on types 1 and 2. If in the process of attempting to establish reality-contact the frustrations are too many and too often repeated for the organism to bear, behavior of type 3 may become habitual.

A consideration of the various aspects of the reaction-pattern of the psychotic indicates that for purposes of exposition, it may be divided into three sections: 1. Needs; 2. *Attempts* at satisfaction; 3. Actual ways of final satisfaction. These divisions are, of course, artificial but for present purposes adequate.

It is about this pattern that previous and present studies have been organized. Some of the current studies of the program may be presented briefly:

A. *Studies involving the nature of needs:*

Reactions to "free" situations in the playroom. This is a logical development of earlier observation experiments and attempts to meet the schizo-

phrenic at his "regressed" level. In this setting will be available materials which permit easily of symbolic manipulation and for that reason seem more likely to bring out reactions connected with the "core" of the personality. An opportunity will here also be given to study the kinds of things which get behind the "autism" of the schizophrenic and some aspects of the "object-relationships" which he establishes.

B. *Studies connected with attempts at need satisfaction, etc.*

There are two major groups of studies which come under this heading. Studies involving capacity and those involving integration. Besides, there are a few which involve mainly the analysis of the nature of the poor performance of the schizophrenic person.

1. *Capacity studies* — These studies attempt to get behind the poor performance of schizophrenics to determine whether the capacity level is any different from what it is in normal subjects.
 - a. *Effects of motivation and competition on achievement.* Use of rewards and competition as devices for speeding up the process of approaching the normal level in learning situations. It is also an attempt to determine the susceptibility of schizophrenics to social stimulation.
2. *"Integration" studies* — Aimed at determining in a limited way certain aspects of the integrative capacity of the schizophrenic individual.
 - a. *Conditioned reflex.* A study by us of the patellar tendon latent time showed no difference between normal and schizophrenic subjects. The next logical step is to see what would be the effect of bringing in cortical processes more definitely. It is a logical link in the chain of experiments planned for a long time which range from simple behavior at the reflex level through the complicated behavior involved in learning.
3. *Analysis of factors involved in poor performance of schizophrenics.*
 - a. *Reaction time, perseverative effects and the effect of preparatory interval.* This study is a follow-up of a previous study which gave some suggestions as to the way in which schizophrenics broke down in situations requiring consistent attitudes of "sets."

C. *Studies connected with the ways in which needs are satisfied.*

1. *Tension-release mechanisms.*
 - a. *Substitution study.* A continuation of the previously reported study with the use of substitute tasks when the original task is interrupted. It is an attempt to study the adequacy of the schizophrenic in finding indirect ways of expression for accumulated tensions.
 - b. *Levels of tension release.* Whereas the previous experiments were concerned with the macroscopic aspects of tension release, the present study is interested in it microscopically. It is a natural outgrowth of our Luria technique study where an hypothesis of levels of tension release was presented. Discrete and continuous free association technics are used. Besides the verbal material, reaction time, heart rate (cardio-tachometer), respiration, weight change (Sauter scale), and movements as indicators of tension are used. In an associated experiment voluntary and involuntary movements of the hand are also taken. The major purpose of the experiment is to determine the presence of affect in relation to presumably affective situations and the ways in which schizophrenics take care of affect when present.

During the year the following papers were published from the Psychology Department.

1. The Reflex Time of the Patellar Tendon Reflex in Normal and Schizophrenic Subjects. P. E. Huston.

(This paper is included in the general list of publications reviewed earlier in this report.)

2. A Note on Color-Blindness in Some Psychotic Groups. Millard, M. S. and Shakow, D. Jour. Soc. Psychol. 6: 252, 1935.

A study of over 800 psychotic patients, the majority of which were schizophrenic. By the use of stricter than usual criteria there is no indication that the incidence of color-blindness is any greater in a psychotic population than it is in a normal one.

3. Outline of a Cooperative Project for Validating the Rorschach Test. Rosenzweig, S., *Amer. Jour. Orthopsychiat.* 5: 121, 1935. The outline of a project for validating the Rorschach test as a diagnostic instrument.

WORCESTER CHILD GUIDANCE CLINIC

The activities of the Child Guidance Clinic should always be considered from a qualitative standpoint, and quotation of figures in such categories as total cases accepted, cases treated, cases closed, number of interviews, etc., should not receive primary consideration. This Clinic has constantly adhered to the principles of therapy and has carefully avoided any procedure which would incline toward strictly diagnostic work. Treatment of the individual child is and will continue to be our chief objective. The freedom which has been accorded the Clinic in limiting its intake to the number consistent with good therapeutic endeavor is greatly appreciated by the entire staff. As at present organized, this should not exceed 200 new cases each year.

The training of personnel is secondary in importance to therapy. During the past year two students from Simmons College and one from the Smith College School for Social Work were given their field training at the Clinic. The theses which they prepared by the aid of Clinic material for qualification for their degrees in social work will be discussed later. The Director feels that this program is very important and should be continued. We would like to see our students remain in Massachusetts and we hope that in the near future some of them will be absorbed in the social agencies in Worcester.

The case records at the Clinic contain a wealth of material which could be used for research purposes. The Director intends that the staff of the Clinic shall make increasing use of this material. Each year has seen some new research completed. We hope that in the near future something outstanding will be developed.

Community education, which is so important in the early years of any Child Guidance Clinic, occupies a position of lesser importance. So much has been done in this direction that we feel it no longer essential; the time of staff members can be used to a much greater advantage in the treatment of children. Our case load must be carefully selected. There are always a number of cases wanting service. In view of this situation the Director advises careful discrimination in the acceptance of popular speaking engagements.

Reference to the statistical table following shows that 559 children received service at the Clinic during the fiscal year ending November 30, 1935. It is the Director's opinion that each case treated reaches on the average of three other interested persons, either parents, teachers or brothers and sisters. Full service cases numbered 340. An additional 140 cases were handled on a cooperative basis between the Clinic and local social agencies. Special service cases of an advice nature numbered 79. During the year 400 cases were closed. This figure is abnormally high and needs some explanation. The change in personnel necessitated by the resignation of four permanent staff members whose aggregate period of service to the Clinic totals 19 years, resulted in the closing of more than the usual number of cases and also in the reduction of the number of new cases accepted.

In regard to the source of referrals, we note that social agencies are consulting the Clinic with much greater frequency. We take this as an indication that the Clinic is useful in their program. The increasing number of agency workers who are able to do good cooperative case work with the Clinic is most encouraging. The Juvenile Court referred 56 children during the year. The Director is definitely of the opinion that we are not getting these cases early enough. One of our most valuable treatment adjuncts, that of foster home care is little used. Only four boys referred by the Court last year were placed in foster homes. The remainder were too old or too steeped in chronic delinquency patterns to make placement a wise or potentially satisfactory plan.

The Clinic is vitally interested in four community projects which promise much for mental hygiene in this vicinity.

1. We are furnishing both psychiatric and social work service to the newly organized Shrewsbury School Clinic under the direction of Dr. Farrar.

2. The Superintendent of the County Training School for Boys at Oakdale has asked for and is receiving a very thorough service for the school. This is a most unusual opportunity. Probably never before has a Clinic been accorded such a high degree of cooperation in a correctional institution and we regard it as an extremely challenging situation.

3. The Director of the Worcester Girls Club has asked that a psychiatric social worker be assigned to the club on a basis of two hours, two afternoons a week. She hopes to be able to obtain from her executive board consent to add a psychiatric social worker permanently to her staff on the basis of the service a part-time worker can render in her organization.

4. Through the Simmons College School for Social Work, four workers from local agencies are being supervised by staff members in order that they may complete their qualifications for membership in the American Association of Social Workers. These four workers are key people in their organizations and we expect them to be very valuable to us in future relationships.

Research completed during the year includes three theses by social work students in training. "A Study of Children Referred by the Juvenile Court to the Worcester Child Guidance Clinic with special Reference to Those for Whom Clinic Treatment was Recommended" by Miss Josephine Parker of Smith College; "Study and Treatment of Cases at the Worcester Child Guidance Clinic" by Miss Dorothy K. Howerton of Simmons College, and "Forty-two Delinquent Boys with Special Attention to Their School Placement" by Miss Elizabeth B. Rose of Simmons College. "Some Factors in Truancy" begun elsewhere but completed during the year was published in the October issue of Mental Hygiene by the Director and an associate. "The Contribution of Child Guidance Theory to the Treatment of Behavior Problems in the Field of Probation" was presented by the Director before the National Conference of Social Work in Montreal.

Research in progress at the present time includes a thesis on Referrals and another on Treatment. Miss Clark is beginning to evaluate the cases of speech defects that she has treated at the Clinic during the past four years. Mr. Brush is making a detailed comparison of personality types and their relationship to different intelligence tests. The Director expects to complete a study of "One Thousand First Offenders", begun elsewhere, sometime during the year.

Staff members have participated actively in the teaching program at the Hospital. Lectures have been given to the theological students, medical students and nurses. Once each month a Child Guidance Clinic case is presented before the hospital staff. We expect to continue the policy of carefully integrating the work of the Clinic with that of the hospital and make it a vital part of the service being rendered to the community.

The Community Chest of Worcester appropriated \$5,000 during the past year for use by the Child Guidance Clinic which gave the Clinic in round numbers a total sum of \$18,000 to carry on its duties. A corporation of residents of Worcester owns the home of the Clinic at 21 Catherine Street. During the past year a second mortgage of \$1,100 was removed from the home by a contribution from the Women's Auxiliary of the Worcester State Hospital.

The statistical report for the Department for the fiscal year follows:

ANNUAL SERVICE REPORT

I. REPORT OF CASE LOAD:

A. Carried Cases:

	Total
1. Cases carried over from last year.....	355
2. Intake a. New cases accepted.....	188
b. Old cases reopened	
(1) last closed before present year.....	11
(2) last closed within present year.....	5
3. Total cases open at sometime in this year.....	559
4. Cases taken from service.....	400
5. Cases carried forward to next year.....	159

B.	Closed Cases Followed Up (not reopened).....	55
C.	Applications Rejected.....	25
D.	Applications Withdrawn.....	68
II.	TYPE OF SERVICE CLASSIFICATION:	
A.	New Accepted Cases:	
6.	Full service a. Clinic staff cases—4 reopened.....	63
	b. Cooperative cases—6 reopened.....	81
	c. Full service not a or b.....	4
7.	Special Service (Advice)—6 reopened.....	56
8.	Mental Health Study.....	0
9.	Total new cases accepted.....	204
B.	Total Cases Open at Sometime in the Year:	
10.	Full service a. Clinic Staff cases.....	340
	b. Cooperative cases.....	120
	c. Full service not a or b.....	38
11.	Special service (Advice).....	79
12.	Mental Health Study.....	0
13.	Total cases open at sometime this year.....	559
C.	Cases Taken from Service:	
14.	Full service a. Clinic staff cases.....	266
	b. Cooperative cases.....	78
	c. Full service cases not a or b.....	19
15.	Special service (Advice).....	37
16.	Mental Health Study.....	0
17.	Total cases closed during this year.....	400
III.	SOURCES REFERRING NEW ACCEPTED CASES:	
	<i>Full</i> <i>Special</i> <i>Total</i>	
18.	Agencies a. Social—51 (7 reopened).....12.....	63
	b. Medical—1.....	1
19.	Schools a. Public—4.....3.....	7
20.	Juvenile Court—33 (2 reopened).....23(4 reopened)....	56
21.	Private Physicians—2.....	2
22.	Parents and Relatives—57 (1 reopened).....18 (2 reopened)....	75
23.	Total new cases—148 (10 reopened).....56 (6reopened)....	204
IV.	SUMMARY OF WORK WITH OR ABOUT PATIENTS:	
A.	By Psychiatrists:	
1.	Interviews with patients a. for examination.....	213
	b. for treatment.....	714
2.	Interviews about patients.....	151
3.	Physical examinations by clinic staff members.....	107
B.	By Psychologists:	
1.	Interviews with patients a. for examination.....	181
	b. for re-examination.....	25
	c. for treatment.....	513
2.	Interviews about patients.....	61
C.	By Social Workers:	
1.	Interviews in Clinic.....	851
2.	Interviews outside clinic.....	728
3.	Telephone calls.....	976
D.	Number of Cases Given Initial Staff Conference:	
1.	Full service a. Clinic staff cases.....	55
	b. Cooperative cases.....	90
2.	Special service.....	17
E.	Number of Open Cases Given Service During Year by Workers.....	Approx. 450
F.	Referral Interviews (June to December 1, 1935).....	Approx. 75

V. PERSONNEL REPORT (Average staff during year)

	<i>Part-time</i>	<i>Full-time</i>
A. <i>Regular Staff</i> a. Psychiatrist.....	1	2
b. Psychologists.....	1	2
c. Social Workers.....	2	2-3
d. Clerical Workers.....	2	2
B. <i>Staff in Training:</i> a. Social Workers.....	1	2-3

VI. OPERATING SCHEDULE:

- A. Schedule of clinic days and hours:
 9:00 to 5:00 daily
 9:00 to 12:00 Saturdays
- B. Schedule of attendance of psychiatrists:
 9:00 to 5:00 daily
 9:00 to 12:00 Saturdays

EDUCATIONAL SERVICES:

	<i>Total</i>
Number of lectures and courses given By Dr. Kirkpatrick.....	18
By Miss Walton.....	4
By Dr. Hill.....	5
By Dr. Hartwell.....	4
By Miss Wyman.....	1
By Mrs. Huston.....	2
By Mr. Troy.....	2

COMMITTEE MEETINGS AND CONFERENCES ATTENDED BY STAFF MEMBERS:

<i>No.</i>	<i>Month</i>	<i>Occasion</i>
1	February	A. A. S. W. Delegate Conference, Washington, D. C.
5	February	Amer. Orthopsychiatric meeting, New York.
5	May	Child Welfare Conference, Cambridge, Mass.
1	May	American Psychiatric Association.
3	June	National Conference of Social Worker, Montreal.
1	July	Supervisors Meeting, Smith College, Northampton.
5	September	Social Work Conference, Wellesley.

VISITORS TO CLINIC — OTHER THAN INTERESTED IN INDIVIDUAL PATIENTS:

- a. Number from city, 23.
b. Number from outside city, 28.

Dr. Doris Sidwell, Danvers State Hospital.

Dr. Helen Witmer, Smith College.

Dr. Douglas A. Thom, Boston, Mass.

Miss Mary Augusta Clark, National Committee for Mental Hygiene.

Miss Harriet Parsons, Family Welfare Society, Newton, Mass.

Dr. George Stevenson, National Committee for Mental Hygiene.

Dr. Clarence Hincks, National Committee for Mental Hygiene.

Miss Annette Garrett, Smith College School for Social Work.

Dr. Everett Kimball, Smith College School for Social Work.

Respectfully submitted,

DOUGLAS A. THOM, M.D.

Director, Division of Mental Hygiene.

REPORT OF THE DIVISION OF MENTAL DEFICIENCY

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Mental Deficiency for the year ended November 30, 1935, is respectfully submitted.

The subjects listed below are discussed in this report:

- I. Central Registry for Mental Defectives
 - (a) Type of Contact in Mental Defectives Reported to Central Registry, 1935.
 - (b) Age, I. Q., and Sex of Mental Defectives Reported to Central Registry 1935.
 - (c) Percentage Distribution of Age Groups in Mental Defectives Reported to Central Registry, 1935.
- II. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools.
 - (a) Historical Sketch of Organization, 1914 — 1935.
 - (b) Primary Reasons for Cases Being Referred to School Clinics, 1935.
 - (c) Intellectual Status of First Examinations, 1935.
 - (d) Intellectual Status of Re-Examinations, 1935.
 - (e) Personnel of Clinics, 1935, by Institution.
 - (f) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1935.
 - (g) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1928 — 1935.
 - (h) First Examinations, Re-Examinations and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1935, by Place of Residence and Sex.
 - (j) Total Examinations, 1926—1935, Inclusive, by Clinic.
 - (k) Total Towns Examined, 1926—1935, Inclusive, by Clinic.
- III. Incidence of Retardation, 1935.
- IV. Research in Mental Deficiency.
- V. Publications.
- VI. Social Service Division.
 - (a) Community Supervision.
 - (b) Case Records.
 - (c) The Socialization of the Mental Defective.
- VII. Analysis of Waiting Lists to All State Schools, 1935.
- VIII. Recommendations.
- Graph I. Number of Clinic Examinations, 1915—1935.
- Graph II. Cumulative Graph of Clinic Examinations, 1915—1935.
- Graph III. Residence of Applicants on Waiting Lists of State Schools, 1935; Rates Per 100,000 Population of Same County.

I. CENTRAL REGISTRY FOR MENTAL DEFECTIVES

In 1919 the Legislature amended Chapter 123 of the General Laws establishing a registry for the feeble-minded. The law reported under Chapter 318, Section 2, reads as follows:

Section 13. Department may establish Registry of Feeble-minded, etc. The department shall establish and maintain a registry of the feeble-minded, and may report therefrom such statistical information as it deems proper; but the name of any person so registered shall not be made public except to public officials or other persons having authority over the person so registered, and the records constituting the registry shall not be open to public inspection.

Dr. Walter E. Fernald for many years had expressed great interest in the carrying out of such a registry, feeling that it would give invaluable information as to the community problem of mental defect and would provide opportunity for the building up of a satisfactory plan for the care of such cases.

TABLE 1. — *Type of Contact in Cases Reported to Central Registry for Mental Defectives, 1935, by Clinic*

	Total All Sources	Traveling School Clinic	Total Other Sources	Other Institu- tion Clinics	Out- Patient State Hospitals	Out- Patient State Schools	Admis- sions, etc. State Hospitals	Admis- sions, etc. State Schools	Waiting List, State Schools	Def. Delinq.
Boston Psychopathic	262	49	213	1	138	—	64	—	—	10
Boston State	350	268	82	—	—	—	29	—	—	53
Danvers	580	391	189	11	2	—	52	—	—	124
Foxborough	336	304	32	10	1	—	9	—	—	12
Gardner	232	156	76	34	8	—	12	—	—	22
Grafton	371	349	22	—	—	—	14	—	—	8
Medford	255	200	55	—	—	—	29	—	—	26
Metropolitan	3	—	3	—	—	—	3	—	—	—
Monson	613	442	171	5	7	—	153	—	—	6
Northampton	414	244	170	—	33	—	57	—	—	80
Taunton	510	322	188	—	55	—	63	—	—	70
Westborough	67	57	10	—	1	—	6	—	—	3
Worcester	288	213	75	22	2	—	27	—	—	24
Belchertown	808	418	390	—	—	72	—	188	114	16
Walter E. Fernald	1,736	814	922	—	—	284	—	266	321	51
Wrentham	1,281	538	743	7	—	214	—	273	233	16
Bridgewater (Def. Delinquents)	133	—	133	—	—	—	—	—	—	—
Department (Briggs Law)	173	—	173	—	—	—	—	—	—	—
Division of Mental Deficiency	8*	—	8	—	—	—	—	—	—	—
Division of Mental Hygiene	133	44	89	—	—	—	—	—	—	—
Springfield Schools	220	—	220	—	—	—	—	—	—	—
Total	8,773	4,809	3,964	90	247	570	518	727	668	521
Per cent	100.0	54.8	45.2							

*The Division of Mental Deficiency had 56 other cases referred to it previously reported by the Division of Mental Hygiene.

In 1922 institutions under this Department started sending in cards to the Registry, reporting all mental defectives examined by their traveling school clinics. For many years the traveling school clinics constituted the sole source of information on mentally defective children. In 1929 and 1930 the present Director of the Division undertook the expansion of this work with the thought of bringing into use other sources contacting mental defectives in the community. Up to that point little attention had been given the mental defectives admitted to or cared for by mental hospitals. In addition, there had been no uniform reporting on admissions to our State schools for mental defectives. Arrangements were made to have all cases of this type reported by mental hospitals, State schools and several other clinics. Each year following, additions have been made to the number of sources reporting mental defectives to the Central Registry. At the present time we are receiving reports on mental defectives from (1) traveling school clinics; (2) admissions to State hospitals; (3) admissions to State schools; (4) cases placed on the waiting lists of State schools; (5) defective delinquents examined by hospital and Department psychiatrists; (6) out-patient examinations of State hospitals; (7) out-patient examinations of State schools; (8) mental hygiene clinics; (9) habit clinics; (10) child guidance clinics; (11) adjustment clinics, (12) defective delinquents admitted to Bridgewater; (13) mentally defective prisoners examined under the Briggs Law; (14) cases referred to the Division of Mental Deficiency; (15) cases examined by the Division of Mental Hygiene; and (16) children examined by the psychological clinic of the Springfield schools.

(a) Type of Contact in Mental Defectives Reported to Central Registry, 1935.

Table 1 reports the type of contact in cases reported to the Central Registry during 1935. Reports were made by thirteen State hospitals; three State schools; the Department for Defective Delinquents at Bridgewater; Department of Mental Diseases (Briggs Law examinations); Division of Mental Deficiency, D. M. D.; Division of Mental Hygiene, D. M. D.; and the Springfield public schools. The largest number of cases was reported by the Walter E. Fernald State School, 1,736. Wrentham with 1,281 and Belchertown with 808 also reported large numbers. In the State hospitals Monson reported the largest number 613; Danvers second with 580; and Taunton third with 510. The Springfield schools have been very cooperative and reported a total of 220 defectives examined in their psychological clinics during the year.

Our reports came from clinics of many different types. The fifteen traveling school clinics operating in the public schools furnished the largest number of defectives with a total of 4,809. Admissions to State schools were second in order with 727 children reported. Waiting lists of State schools are third with 668, and Defective Delinquents with 654 were fourth. These cases are examined through the law requiring the examination of juvenile delinquents or through admission to the Department for Defective Delinquents at Bridgewater.

(b) Age, I. Q., and Sex of Mental Defectives Reported to Central Registry, 1935.

Table 2 outlines the age of cases reported to the Central Registry during 1935 by intelligence quotient and sex. Of the total of 8,773 cases, 5,487 or 62.5 per cent were males and 3,286 or 37.4 per cent were females. In the school clinic cases also we had greater amounts of retardation among the males. Here, however, we see that this same sex proportion persists in the older mental defectives being reported to the Central Registry.

In relation to intelligence we see comparatively few cases of lower mental grade being reported to the Registry, and increasing proportions as we go higher in the intellectual scale. This, of course, is to be expected as the general population shows this same general distribution. We know that there are many more persons in the community with an intelligence quotient between .60 and .69 than there are with intelligence quotients between 0 and .09. Therefore, we may expect to draw more of these higher grade cases in those being reported to the Central Registry.

In only one I.Q. group, .10—.19, does the number of females exceed the males. In all other I.Q. groups the excess of males noted in the totals is to be observed. The sex differences appear to be becoming more marked as we go higher in the intellectual scale. There are being relatively fewer high grade females reported to the Registry or, vice versa, there are relatively more males reported as we go higher in the intellectual scale.

TABLE 3. — *Age of Cases Reported to Central Registry for Mental Defectives, 1935, by Sex: Numbers and Percentages*

AGE GROUP	TOTAL		MALE		FEMALE	
	No.	%	No.	%	No.	%
0-4.	321	3.7	182	3.3	139	4.2
5-9.	1,704	19.4	1,071	19.5	633	19.3
10-14.	4,270	48.7	2,825	51.5	1,445	43.9
15-19.	1,551	17.7	941	17.2	610	18.6
20-29.	571	6.5	302	5.5	269	8.2
30-39.	176	2.0	83	1.5	93	2.8
40-49.	108	1.2	40	.7	68	2.1
50 plus	58	.7	34	.6	24	.7
Unknown	14	.1	9	.2	5	.2
Total.	8,773	100.0	5,487	100.0	3,286	100.0

(c) *Percentage Distribution of Age Groups in Mental Defectives Reported to Central Registry, 1935.*

Table 3 gives us a percentage distribution of the ages condensed from Table 2. Surprisingly large numbers of children are being reported at comparatively young ages. Thus in Table 3 we have 182 males and 139 females 4 years of age or less; 1,071 males and 633 females were between the ages of 5 and 9 years; 2,825 males and 1,445 females were between the ages of 10 and 14 years. From this point on we see a sharp dropping off in numbers. During the school period the intelligence of children is subjected to closer scrutiny and, therefore, we may expect larger numbers during the school ages. The cases examined under 4 years are reported of course, by the various habit, child guidance and adjustment clinics dealing essentially with younger children. We note that the males predominate in cases reported in the groups 14 years or younger, 74 per cent of the males and 67 per cent of the females falling in these ages. Over 15 the females show larger percentages. In the age group 15-19 they show 18 per cent, with 17 per cent for the males. In the group 20-29 years they present 8.2 per cent, with 5.5 per cent for the males; in the group 30-39 years 2.8 per cent, and 1.5 per cent for the males. It appears that the male mental defectives are reported to the Central Registry in the younger ages while the females show a tendency to a greater scatter throughout the age groups. There is a greater chance that male mental defectives will have their intellectual capacity interfere with their success in younger ages and thus bring them to the attention of various examining or reporting agencies. It is apparent that the female mental defectives tend to show greater success in the community and postpone the discovery of their defect until they are considerably older.

It is an interesting commentary on our present day civilization that a total of 8,773 cases of mental deficiency were reported to the Central Registry during a single year. This is at a rate of 201 per 100,000 of the general population. The admission rate to our State schools for mental defectives for the same year was 9 per 100,000, while the rate for cases in residence in State schools was 115. The numbers and proportions of the cases being reported as mentally defective gives us some idea of the possibilities for the future as far as mental deficiency is concerned. Quite obviously the State cannot assume the care of all of these defective children, and yet there is a rather good chance that many of them will be failures unless given a helping hand during the school period and the years immediately following. We see here the need for a State-wide supervisory group interested in and understanding the many problems connected with mental deficiency and retardation. The community adjustment of mental defectives is rarely accidental.

It means intelligent direction and supervision at the hands of understanding persons. Otherwise, the economic load of caring for many thousands of failing mental defectives may become unbearable.

II. TRAVELING PSYCHIATRIC SCHOOL CLINICS

(a) History

During the year 1935 the Division continued its direction of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for twenty-one years, and have been State-wide in their function since 1921, or a period of fourteen years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverly School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, the late Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time, an adequate State-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, Commissioner of Education, took an active part in framing the law relating to retarded children and in outlining and enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the Legislature in 1922, and again in 1931. It now reads as follows:

Chapter 71, section 46, General Laws, as amended by chapter 231, statutes of 1922, and chapter 358, statutes of 1931: — "The school committee of every town shall annually ascertain, *under regulations prescribed by the Department of Education and the Department of Mental Diseases*, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. A child appearing to be mentally retarded in any less degree may, upon request of the superintendent of schools of the town where he attends school, be examined under such regulations as may be prescribed by the department of education and the department of mental diseases. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (Approved May 26, 1931)."

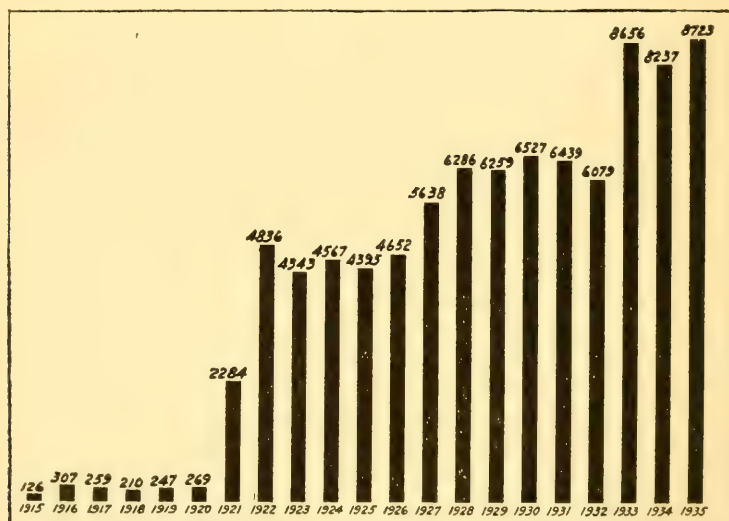
It will be noted that radical changes in the school clinic law were effected during 1931. Heretofore, only those children three or more years retarded were eligible for examination. The new law states specifically "*A child appearing to be mentally retarded in any less degree may*, upon the request of the superintendent of schools of the town where he attends school, be examined under such regulations," etc.

This permits the examination of two very important groups: (1) children retarded but one or two years in school work; and (2) children presenting various behavior problems which have been interfering with their school progress. This change is one of the most constructive moves ever made in our particular field. It makes possible the early examination and placement of a child showing retardation before he has progressed to the point that he is included in the classification of "three years retarded."

The Department of Education has outlined certain regulations dealing with examinations and special class provision. The first paragraph of these regulations applies in particular to the school clinics under the supervision of this Division. It reads as follows:

1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics. For the year 1933 also we note a substantial increase in the number of examinations due, of course, to the change in the law in 1931.



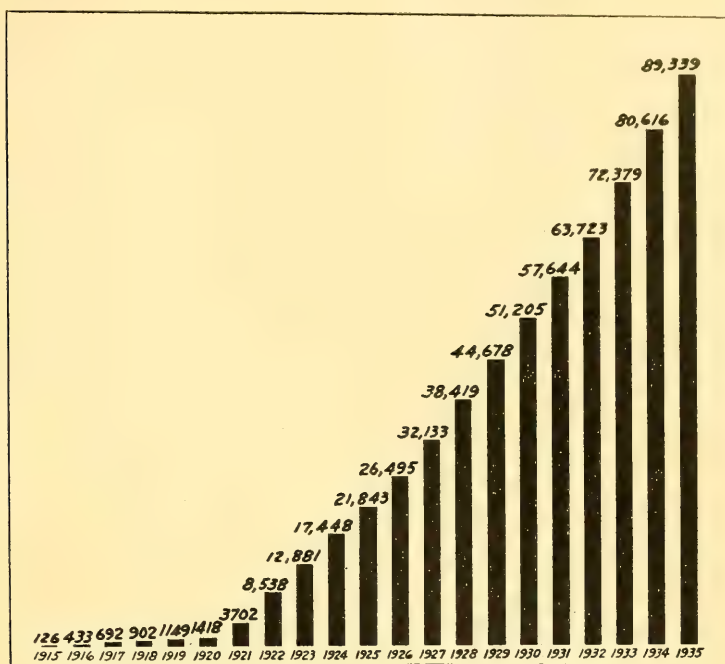
GRAPH I. — NUMBER OF SCHOOL CLINIC EXAMINATIONS, 1915-1935

Graph II outlines the accumulation of examinations. It shows that a total of 89,339 examinations of retarded children have been conducted by the clinics during the twenty-one years of operation.

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents, with clinic psychiatrists and clinic social workers, so that the service rendered by the clinics may best meet the varying needs of the school systems involved.

There has been a steady increase of interest throughout the State in the work which is being done by our traveling clinics. School superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization and, as such, can provide an examination which is wholly impersonal. In the past, parents of retarded children have been sometimes critical of the decisions

made by the local school superintendent in reference to the placement of retarded children in special classes. Now they are proving to be less critical as they recognize that the decisions are based on very complete medical and psychiatric examinations by a clinic which is not a part of the local school organization.



GRAPH II — CUMULATIVE GRAPH OF SCHOOL CLINIC EXAMINATIONS, 1915-1935

It is a standard practice for the psychiatrists of the traveling clinics to invite the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperate in this matter, and have come to a better understanding of their children when behavior problems and other difficulties are interpreted to them by the psychiatrist.

Superintendents of the various State hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.

(b) *Primary Reasons for Cases Being Referred to School Clinics, 1935:*
All Institutions

Prior to 1931, the law regulating the activities of the traveling school clinics specified definitely that children must be three or more years retarded before they could be examined. During 1931 a change in the law was effected which now makes it possible to examine children who show any lesser degree of retardation.

In Table 4 we present the primary reasons for cases being referred to our school clinics during the year 1935. Of the 8,723 children examined during the year, 72 per cent were referred because of retardation; 19 per cent because of some school problem; 1 per cent because of a behavior problem; 1 per cent were personality difficulties; 1 per cent a physical problem; and .6 per cent were social problems.

TABLE 4. — *Primary Reason for Cases Being Referred to School Clinics¹, 1935, All Institutions*

	Sex	Total		Retarda- tion		School Problem		Behavior Problem		Physical Problem		Person- ality Problem		Social Problem		Psychia- tric Problem		Others		Unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
First Examinations	Male	4,287	100.0	3,081	71.9	845	19.7	98	2.3	67	1.6	65	1.5	23	.5	7	.2	92	2.1	9	.2
	Female	2,349	100.0	1,566	66.7	571	24.3	22	.9	46	2.0	39	1.7	15	.6	2	.1	85	3.6	3	.1
	Both	6,636	100.0	4,647	70.0	1,416	21.3	120	1.8	113	1.7	104	1.6	38	.6	9	.1	177	2.7	12	.2
Re-examinations	Male	1,516	100.0	1,236	81.6	190	12.5	12	.8	9	.6	17	1.1	11	.7	1	.1	38	2.5	2	.1
	Female	1,571	100.0	1,469	93.5	60	3.8	2	.1	4	.3	7	.4	6	.4	1	.1	20	1.3	—	—
	Both	2,087	100.0	1,705	81.7	250	12.0	14	.7	13	.6	26	1.2	17	.8	2	.1	58	2.8	2	.1
Total Examinations	Male	5,803	100.0	4,317	74.4	1,035	17.8	110	1.9	76	1.3	82	1.4	34	.6	8	.1	130	2.3	11	.2
	Female	2,920	100.0	2,035	69.7	631	21.6	24	.8	50	1.7	48	1.7	21	.7	3	.1	105	3.6	3	.1
	Both	8,723	100.0	6,352	72.8	1,666	19.1	134	1.5	126	1.4	130	1.5	55	.6	11	.1	235	2.8	14	.2

¹The one outstanding reason is recorded in each case.

Roughly, 72 per cent of cases were referred because of retardation, and 28 per cent of cases because of other reasons. In the sexes we observe that the males show larger relative proportions in cases referred because of retardation and behavior problems. The females show larger proportions in school problems, physical, personality and social problems. As is to be expected, retardation makes up a smaller proportion in first examinations, 70 per cent as contrasted with 81 per cent in the re-examinations. School problems make up 21 per cent of first examinations and but 12 per cent of re-examinations; behavior problems 1.8 per cent of first examinations and .7 per cent of re-examinations; personality difficulties 1.6 per cent of first examinations and 1.2 per cent of re-examinations; and social problems .6 per cent of first examinations and .8 per cent of re-examinations.

The variety of problems now being presented to the clinic shows the rapidly changing trend in the demands made upon our traveling school clinic. Formerly it was expected that all of our children would be referred to the clinic because of retardation. In fact, that was the primary reason for the creation of the clinics. Now we see that other problems are arising within the public schools and giving the educators serious concern. These, of course, are problems quite apart from retardation, although in some instances there is a combination of retardation and another type of problem. We see now that the clinics are offering a broader and more useful service to the public schools in that they are examining various school and behavior problems which are often the cause of such serious difficulties within the various school systems.

(c) *Intellectual Status of First Examinations, 1935.*

Table 5 records the intellectual status of first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table, it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 19.1 per cent were diagnosed as mentally defective (I. Q. 0-.69), while 23.5 per cent of the girls fell in this grouping. However, it will be noted that in the borderline and dull groups the males presented higher proportions than the females. Higher proportions of females are being diagnosed as mentally defective. The average I. Q. for both sexes, however, was .81. Apparently retardation in school work is more likely to be associated with mental defect among girls than boys. If we assume mental equality in the sexes, we may infer that school retardation in girls is more commonly associated with the lower degrees of intellectual development. This is not necessarily so among the boys. They show school retardation associated with all degrees of intelligence, the high as well as the low.

In .9 per cent of first examinations the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. If the psychiatrist doubts the mental status of the child, he defers his diagnosis and requests that the child return for another examination on the next visit of the clinic.

(d) *Intellectual Status of Re-Examinations, 1935*

Table 6 records the intellectual status of all re-examinations, divided into intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases in which various factors suggest re-examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class.

TABLE 6. — Intelligence Quotient of 2,087 Re-Examinations by School Clinics for Year Ended November 30, 1935

CLINIC	Total		I. Q. 0-69		I. Q. .70-.79		I. Q. .80-.89		I. Q. .90-1.09		I. Q. 1.10 plus		Diagnosis Deferred		Average I. Q.	
	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.	T.	M.
Belchertown	267	186	87	61	90	58	67	46	23	21	—	—	—	—	74	75
Boston Psychopathic	16	12	2	2	4	2	7	6	3	2	—	—	—	—	82	81
Boston State	121	91	44	29	57	46	15	12	4	3	—	—	1	—	71	72
Danvers	112	78	57	32	32	26	15	12	8	8	—	—	—	—	70	72
Foxborough	100	68	45	29	32	22	10	9	6	6	—	—	—	—	71	72
Gardner	67	45	29	17	24	15	17	11	4	4	—	—	—	—	71	73
Grafton	272	203	38	32	60	40	98	74	70	54	6	3	—	—	83	83
Medfield	113	97	16	16	41	37	13	11	2	2	—	—	—	—	69	69
Monson	209	146	63	73	84	62	22	11	2	2	—	—	1	—	67	68
Norton	134	102	47	34	52	39	31	26	4	3	—	—	—	—	72	73
Norton	90	66	24	15	20	16	4	15	4	3	—	—	—	—	70	70
Walter E. Fernald	223	162	78	52	73	50	52	44	19	15	—	—	1	—	74	75
Westborough	31	22	9	5	12	10	2	4	4	3	—	—	—	—	75	76
Worcester	95	71	51	40	27	14	15	15	1	1	—	—	1	—	68	68
Wrentham	237	167	85	55	87	64	49	39	13	9	—	—	3	—	73	73
Div. Mental Hygiene	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,087	1,516	787	540	695	501	425	333	166	135	31	6	8	4	73	74
Per cent	100.0	100.0	37.7	35.6	33.3	33.0	20.4	22.0	7.9	8.9	5.4	.3	.2	.5	.4	.3

Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are observed in Table 6. Of the total re-examinations of boys, 35.6 per cent were diagnosed as mentally defective (I. Q. 0-.69), while 43.3 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeble-minded among the re-examinations than was noted in the first examinations. However, in the dull and average groups the males present higher proportions. These percentage distributions are reflected in the average intelligence quotient. The average I. Q. of boys re-examined was .74, while that of the girls was .71.

TABLE 7. — *Personnel of Traveling School Clinics, by Institution, for year ended November 30, 1935*

INSTITUTION	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST OR PSYCHOMETRIST	SOCIAL WORKER
Belchertown . . . Boston Psychopathic Boston State . . .	Herbert L. Flynn, M. D. Mary Palmer, M.D. Alberta S. Guibord, M.D.	Catherine A. Burnham Marion P. Taylor Mrs. Edith B. James	Dorothy I. Peeso Mrs. Doris L. Day Florence Armstrong and staff
Danvers . . .	Doris M. Sidwell, M.D. Lois E. Taylor, M.D. Flora M. Remillard, M.D.	Alice Schoenfuss Faith Kellogg Harriet Metzger Catherine Sullivan Elizabeth C. Bail Alice M. Fleming Beatrice N. Wolfson Emaline L. Kelly Roland C. Moore	
Foxborough . . .	Anne L. Clark, M.D.		
Gardner . . .	Janet S. Barnes, M.D.		
Grafton . . .	Anna C. Wellington, M.D.		
Medfield . . .	G. Allen Troxell, M.D. Grace T. Cragg, M.D. Erel L. Guidone, M.D. Calvert Stein, M.D.		Nina Eldredge Sarah Karp Mary Morris Lula P. Hayes Teresa E. Cotter
Monson . . .		Dorothy Roche	
Northampton . . .	Elizabeth Kundert, M.D.	Maryalys S. Parker Margaret K. Chapin Annie M. Heal G. Eva Stromwall Adelaide W. Proctor David Shakow Marianna Noyes	
Taunton . . .	Olga E. Steinecke, M.D.		Emma S. Lowe Annie M. Heal
Walter E. Fernald . . .	Esther S. B. Woodward, M.D.		
Westborough . . .	Betsy Coffin, M.D.		
Worcester . . .	Lonnie O. Farrar, M.D.		Dorothy F. Smith
Wrentham . . .	Alice M. Patterson, M.D.		

(e) *Personnel of Clinics, 1935, by Institutions*

The names of the psychiatrists, psychologists and social workers on the staffs of the various traveling clinics during the year 1935 are presented in Table 7. The Director wishes to take this opportunity to express his appreciation to the clinic workers for the excellent work which they have done during the past year. In addition, he wishes to let them know of the many appreciative remarks which have been made by officials of the various school systems in which examinations have been held. Year by year school superintendents, school boards and boards of selectmen are coming to a better understanding of what our work is meaning in the placement of retarded and backward children. Various officials from time to time have expressed their thanks for the help given them. It goes without saying that these voluntary expressions of appreciation have been earned many times. Our clinics and the workers connected with them have to meet difficult and trying situations almost daily. The way they have handled duties assigned them has earned the commendation of all concerned. Clinics dealing with children without doubt meet the most difficult questions confronting any type of clinic. The possibilities of grave consequences following any error in the giving of advice place a heavy responsibility on the clinic workers. The way in which the many difficult problems have been handled reflects credit to the professional standing, experience and wisdom of the clinic personnel.

The various clinics report annually to the Department the cost of operation during the year. These costs include salaries, maintenance, expenses in the field, traveling expenses, supplies, etc. The average cost of each examination for the year 1935 was found to be \$4.60. The total cost for fifteen clinics in conducting 8,723 examinations was \$40,126.

(f) *Comparison between Intellectual Status of First Examinations and Re-Examinations, 1935*

Table 8 shows the percentage comparisons between the I. Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 20.7 per cent of the group were mentally defective, while in the re-examinations 37.7 per cent fell in this classification. We also note that the re-examinations present smaller percentages in the higher mental classifications. The average intelligence quotient of first examinations was .81, and that for re-examinations was .73 for both sexes.

TABLE 8. — *Percentage Distribution of Intelligence Quotient Groupings of First Examinations and Re-Examinations, 1935, by Sex*

	Total	I. Q. 0-.69	I. Q. .70-.79	I. Q. .80-.89	I. Q. .90-1.09	I. Q. 1.10 plus	Deferred	Mean In- telligence Quotient
Male	100.0	19.1	29.0	27.2	21.8	2.2	.7	.81
Female	100.0	23.5	27.6	22.3	21.8	3.7	1.1	.80
Both Sexes	100.0	20.7	28.5	25.4	21.8	2.7	.9	.81

<i>Re-Examinations</i>								
Male	100.0	35.6	33.0	22.0	8.9	.2	.3	.74
Female	100.0	43.3	34.0	16.1	5.4	.5	.7	.71
Both Sexes	100.0	37.7	33.3	20.4	7.9	.3	.4	.73

Within both groups we see large numbers of females in the mentally defective classification. Among the first examinations the percentages feeble-minded are 19.1 for males and 23.5 for females; in the re-examinations the same relationships are observed; 35.6 for males and 43.3 per cent for females. We expect the lower grade cases to return for re-examination, but here we note that the females return in decidedly larger proportions than the males.

(g) *Comparison between Intellectual Status of First Examinations and Re-Examinations, 1928-1935, Inclusive*

Table 9 presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928-1935, inclusive. While it is dangerous to generalize, we note that there appears to be an upward trend in the intelligence of cases coming up for first examination from 1928 to 1935. The startling increase in average I. Q. for 1933 is to be expected inasmuch as problem as well as retarded children were being referred for examination. In 1928, 43.8 per cent of first examinations were mentally defective. In 1929 this was diminished to 35.9 per cent, but in 1930 increase to 38.7 per cent. However, during the period 1931-1935 a steady decrease is noted as follows: 1931 — 32.1 per cent; 1932 — 30.9 per cent; 1933 — 23.9 per cent; 1934 — 22.6 per cent; and in 1935 — 20.7 per cent. The average I. Q. of the 1928 first examinations was .69. In 1929 this was raised to .73; in 1930 it fell one point to .72; but for the years 1931-1935, inclusive, it increased steadily, the average I. Q.'s. being .73, .74, .79, .79 and .81, respectively.

Among the re-examinations 54.8 per cent were mentally defective in 1928; in 1929 the proportion was 46.7 per cent; in 1930, 49.7 per cent; in 1931, 46.7 per cent; in 1932, 45.4 per cent; in 1933 an increase to 46.6 per cent; and in 1934 and 1935 a drop to 40.4 and 37.7 per cent, respectively. The average I. Q. for 1928 was .66; for 1929, .70; for 1930, 1931 and 1932, .69; for 1933 and 1934, .70; and for 1935, .73. We see here a suggestion that the mental status of cases coming up for both first examination and re-examination tends to show an upward trend.

TABLE 9. — *Intellectual Status of First and Re-Examinations for the Years 1928-1935, Inclusive*
First Examinations

		Total	I. Q. 0-.69	I. Q. .70-.79	I. Q. .80-.89	I. Q. .90-1.09	I. Q. 1.10 plus	Diagnosis Deferred	Average I. Q.
1928	Number .	4,916	2,150	1,206	769	327	16	448	
	Per cent .	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929	Number .	4,923	1,772	1,437	722	407	34	551	
	Per cent .	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930	Number .	5,224	2,025	1,569	799	362	23	446	
	Per cent .	100.0	38.7	30.0	15.2	6.9	.4	8.5	.72
1931	Number .	5,015	1,610	1,536	960	371	16	522	
	Per cent .	100.0	32.1	30.6	19.2	7.4	.3	10.4	.73
1932	Number .	4,461	1,377	1,336	928	395	19	406	
	Per cent .	100.0	30.9	29.9	20.8	8.9	.4	9.1	.74
1933	Number .	6,569	1,571	1,609	1,365	1,209	180	635	
	Per cent .	100.0	23.9	24.5	20.8	18.4	2.7	9.7	.79
1934	Number .	6,445	1,459	1,563	1,303	1,177	153	790	
	Per cent .	100.0	22.6	24.2	20.2	18.3	2.4	12.3	.79
1935	Number .	6,636	1,371	1,893	1,688	1,446	182	56	
	Per cent .	100.0	20.7	28.5	25.4	21.8	2.7	.9	.81

Re-Examinations

1928	Number .	1,370	746	357	158	56	2	51	
	Per cent .	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929	Number .	1,336	624	367	179	70	8	88	
	Per cent .	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930	Number .	1,303	648	390	165	48	1	51	
	Per cent .	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69
1931	Number .	1,424	664	430	208	38	1	83	
	Per cent .	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69
1932	Number .	1,618	734	539	201	53	—	91	
	Per cent .	100.0	45.4	33.3	12.4	3.3	—	5.6	.69
1933	Number .	2,087	973	588	290	97	3	136	
	Per cent .	100.0	46.6	28.2	13.9	4.7	.1	6.5	.70
1934	Number .	1,792	725	539	234	83	3	208	
	Per cent .	100.0	40.4	30.1	13.1	4.6	.2	11.6	.70
1935	Number .	2,087	787	695	425	166	6	8	
	Per cent .	100.0	37.7	33.3	20.4	7.9	.3	.4	.73

(h) *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1935, by Place of Residence and Sex.*

Table 10 reveals that a total of 8,723 examinations were conducted by all clinics during the year 1935. Of these examinations 6,636 or 76.1 per cent were first examinations and 2,087 or 23.9 per cent were re-examinations. The sex difference is noticeable in that 5,803 or 66.5 per cent of all examinations were males and 2,920 or 33.5 per cent were females.

Of all examinations 2,708 or 31.0 per cent were recommended for special classes: 31.1 per cent of the males and 30.8 per cent of the females. Three hundred eighty seven or 4.4 per cent of the total were recommended for placement within a State school: 3.9 per cent of the males and 5.3 per cent of the females. *A total of 2,708 children were recommended for special class care in Massachusetts during a single school year.* As the total in special classes in the towns having first examinations during 1935 is now 6,131, we can see the great need for additional special class provision.

TABLE 10. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1935, by Place of Residence and Sex*

CITY OR TOWN	FIRST EXAMINATIONS			RE-EXAMINATIONS			TOTAL EXAMINATIONS			RECOMMENDATIONS					
	T.		F.	T.		F.	T.		F.	For Special Class			For Institutional Care		
	M.	M.	F.	M.	M.	F.	M.	M.	F.	T.	M.	F.	T.	M.	F.
Abington	1	1	—	—	30	—	1	1	—	—	28	—	—	—	—
Adams	68	43	25	21	20	9	98	64	34	—	20	8	4	3	1
Agawam	19	13	6	15	5	—	39	28	11	—	22	8	—	1	—
Amesbury	1	1	1	14	10	—	26	15	11	—	1	1	—	—	—
Aniherst	27	25	2	10	8	—	37	33	4	—	18	4	4	4	—
Andover	1	1	1	—	—	—	1	—	—	—	1	1	—	—	—
Arlington	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—
Ashburnham	4	4	—	1	—	1	5	4	1	—	2	—	—	—	—
Ashby	1	1	—	—	—	—	1	4	—	—	1	—	—	—	—
Ashfield	16	12	4	5	—	—	21	17	4	—	3	1	1	1	—
Ashland	2	2	—	—	—	—	2	—	—	—	2	—	—	—	—
Athol	25	16	9	5	4	—	34	21	13	—	10	3	—	—	—
Attleboro	69	47	22	10	8	2	79	55	24	—	20	9	8	7	1
Auburn	21	13	8	—	—	—	21	13	8	—	9	7	2	1	1
Ayer	2	2	—	2	2	—	4	4	—	—	—	—	—	—	—
Barnstable	24	16	8	2	—	—	26	16	10	—	11	4	2	2	—
Barre	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—
Becket	3	2	1	1	1	—	4	3	—	—	1	—	—	—	—
Bedford	56	28	28	29	23	6	85	51	34	—	5	1	—	—	—
Belchertown	18	11	7	8	5	3	26	16	10	—	4	7	—	—	—
Bellingham	51	38	13	—	—	—	51	38	13	—	14	7	2	—	—
Belmont	52	31	21	13	12	1	65	43	22	—	19	5	—	—	—
Berkley	10	10	—	—	—	—	10	10	—	—	7	4	1	1	—
Beverly	62	41	21	16	11	5	78	52	26	—	3	—	2	1	1
Billerica	5	4	2	12	6	6	18	10	8	—	25	6	—	—	—
Blandford	6	3	2	6	6	—	11	9	2	—	8	8	—	—	—
Bolton	7	6	1	29	19	10	36	20	11	—	1	3	—	—	—
Boston	19	11	8	1	1	—	30	12	8	—	7	4	2	2	—
Bourne	10	2	2	1	1	—	11	3	2	—	2	2	—	—	—
Boxley	7	5	2	1	1	—	8	6	—	—	2	5	—	—	—
Braintree	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	41	26	15	9	6	3	50	32	18	—	15	8	1	1	—
Brockton	93	61	32	48	38	10	141	99	42	—	23	4	1	5	2
Burlington	29	18	11	—	—	—	29	18	11	—	16	8	1	1	—
Cambridge	85	62	23	15	9	6	100	71	29	—	23	8	10	7	3
Canton	27	19	8	3	2	1	30	21	9	—	14	4	—	—	—

TABLE 10. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1935, by Place of Residence and Sex — Continued*

CITY OR TOWN	FIRST EXAMINATIONS		RE-EXAMINATIONS		TOTAL EXAMINATIONS		RECOMMENDATIONS			
	T.	M.	F.	T.	M.	F.	For Special Class		For Institutional Care	
Carlisle	27	12	15	5	4	1	32	16	16	—
Carver	4	4	—	—	—	—	4	2	2	—
Charlton	10	7	3	2	—	2	1	1	—	—
Chelsea	103	72	31	31	19	12	134	91	43	—
Chester	20	19	1	5	4	1	25	23	2	6
Chesterfield	1	1	—	2	2	—	3	3	—	—
Chicopee	159	102	57	99	71	28	258	173	85	7
Clarksburg	72	45	27	3	3	—	75	48	27	1
Colasset	3	1	—	—	—	—	3	3	—	—
Colrain	1	1	—	—	—	—	1	1	—	—
Concord	139	75	64	10	7	3	149	82	67	—
Cummington	6	4	2	7	4	3	13	8	5	—
Danvers	3	2	1	7	6	1	10	8	2	—
Dartmouth	98	73	25	17	11	6	115	84	31	3
Dedham	32	22	10	2	2	2	34	22	12	—
Dennis	25	14	11	4	3	1	29	17	12	1
Dighton	8	8	—	—	—	—	8	8	—	—
Douglas	14	10	4	—	—	—	14	10	4	—
Dracut	22	21	1	8	7	1	30	28	2	—
Dudley	4	3	1	4	2	2	8	5	3	—
Duxbury	1	1	—	—	—	—	1	1	—	—
East Bridgewater	7	5	2	1	—	1	8	5	3	—
East Longmeadow	7	4	3	13	12	1	20	16	4	1
Easthampton	29	24	5	19	12	7	48	36	12	3
Easton	12	7	5	7	6	1	19	13	6	4
Edgartown	17	9	8	—	—	—	17	9	8	—
Enfield	8	5	3	1	1	—	9	6	3	—
Essex	1	1	—	—	—	—	1	1	—	—
Everett	108	64	44	66	48	18	174	112	62	3
Fairhaven	1	—	1	—	—	—	1	—	1	—
Fall River	132	82	50	15	12	3	147	94	53	16
Falmouth	26	15	11	14	7	7	40	22	18	3
Fitchburg	73	53	20	45	34	11	118	87	31	1

Foxborough	16	9	7	6	5	1	22	14	8	8	7	1	-	1
Framingham	12	8	4	9	8	1	21	16	5	16	12	4	2	1
Franklin	11	10	4	1	1	1	12	10	5	5	5	5	-	1
Freetown	6	5	1	5	2	3	11	7	4	5	4	1	-	-
Gardner	15	10	5	2	-	2	17	10	7	4	3	1	3	-
Gloucester	39	26	13	9	7	2	48	33	15	22	13	9	3	-
Goshen	4	3	1	4	1	3	8	4	4	3	3	3	1	1
Grafton	71	43	28	10	7	3	81	50	31	10	8	2	1	-
Granville	10	9	1	1	1	3	11	10	1	3	3	1	1	-
Great Barrington	18	1	4	12	8	4	17	9	8	5	3	2	1	1
Greenfield	31	22	9	9	4	5	40	26	14	-	-	-	1	-
Groton	20	12	8	1	1	-	21	13	8	5	2	3	1	1
Groveland	1	1	-	1	1	-	1	1	-	-	-	-	-	-
Hadley	2	2	-	2	1	1	4	3	1	2	2	-	-	-
Halifax	1	1	1	2	-	-	1	1	1	-	-	-	-	-
Hamden	1	1	1	2	2	-	3	2	1	-	-	-	-	-
Hanover	10	7	3	7	5	2	17	12	5	2	1	1	-	-
Hanson	50	30	20	3	1	2	53	31	22	10	5	5	-	-
Hardwick	1	1	-	-	-	-	1	1	-	1	1	1	-	-
Harvard	16	9	7	6	4	2	22	13	9	3	2	1	3	-
Harwich	24	16	8	-	-	-	24	16	8	5	2	2	4	2
Hatfield	26	15	11	-	-	-	26	15	11	8	4	3	4	2
Haverhill	14	9	5	-	-	-	14	9	5	6	3	3	1	1
Hingham	27	14	13	2	1	1	29	15	14	2	-	2	-	-
Holbrook	1	1	-	1	-	-	1	1	-	-	-	-	-	-
Holten	9	5	4	18	17	1	27	22	5	15	15	-	1	1
Holyoke	124	85	39	40	26	14	164	111	53	70	47	23	13	5
Hopkinton	8	3	5	2	2	-	10	5	-	7	2	5	-	-
Hudson	25	13	12	6	2	1	28	15	13	17	10	7	-	-
Hull	18	12	6	6	4	2	24	16	8	10	8	2	-	-
Huntington	17	9	8	1	-	1	18	10	8	4	1	3	-	-
Ipswich	84	54	30	-	-	-	84	54	30	56	35	21	1	1
Lakeville	5	2	3	-	-	-	5	2	3	5	2	3	-	-
Lancaster	25	12	13	1	-	1	26	12	14	7	5	-	-	-
Lawrence	27	21	6	2	-	-	27	21	6	12	10	2	2	2
Leicester	13	10	3	2	2	-	15	12	3	11	10	2	-	-
Leominster	186	105	81	92	69	23	278	174	104	47	25	22	6	1
Leverett	2	2	2	-	-	-	2	2	-	-	-	-	-	-
Lexington	300	182	118	27	19	8	327	201	126	20	17	3	-	-
Lincoln	1	1	1	-	-	-	1	1	-	1	1	1	-	-
Littleton	35	16	19	2	1	1	37	17	20	5	1	4	-	-
Lowell	40	28	12	22	-	-	40	28	12	27	18	9	1	1
Ludlow	31	22	9	22	15	7	53	37	16	22	14	8	2	1
Lunenburg	2	2	1	8	-	-	2	2	1	1	1	1	1	1
Lynn	66	42	24	-	6	2	74	48	26	32	19	13	6	3
Malden	2	1	1	-	1	-	2	1	1	-	-	-	1	-
Manchester	-	-	-	1	-	-	1	1	1	-	-	-	1	1

TABLE 10. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1935, by Place of Residence and Sex — Continued*

CITY OR TOWN	FIRST EXAMINATIONS			RE-EXAMINATIONS			TOTAL EXAMINATIONS			RECOMMENDATIONS					
										For Special Class			For Institutional Care		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Mansfield	9	5	4	3	1	2	12	6	6	2	1	1	1	—	1
Marblehead	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Marion	69	36	33	4	3	1	73	39	34	2	2	—	—	—	—
Marlborough	46	34	12	22	16	6	68	50	18	15	9	6	3	2	1
Masapee	9	6	3	1	1	10	10	7	—	5	3	2	3	—	—
Maynard	30	15	15	16	14	2	46	29	17	15	12	3	—	—	—
Medfield	25	18	7	7	6	1	32	24	8	2	2	—	—	—	—
Medford	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—
Medway	10	8	2	—	—	—	10	8	2	9	7	2	1	1	—
Melrose	15	9	6	—	—	—	15	9	6	—	—	—	—	—	—
Merrimac	5	4	1	3	1	1	8	5	3	7	4	3	1	1	—
Methuen	112	72	40	2	2	3	114	74	40	37	10	4	1	1	3
Middleborough	26	21	5	14	11	—	40	32	8	9	4	5	—	—	—
Middleton	22	16	6	—	—	—	22	16	6	5	4	1	2	2	—
Milford	27	21	6	10	7	3	37	28	9	6	4	2	7	6	1
Millbury	4	2	2	6	4	2	10	6	4	5	2	3	2	1	1
Millis	18	13	5	6	5	1	24	18	6	5	4	1	1	—	—
Milton	19	15	4	1	1	1	20	15	5	3	2	2	1	1	—
Monson	—	—	—	8	6	2	8	6	2	7	5	2	1	1	—
Montague	47	31	16	30	27	3	77	58	19	7	6	1	5	3	2
Montgomery	2	2	—	—	—	—	2	2	—	—	—	—	—	—	—
Nahant	3	3	—	—	—	—	3	3	—	—	—	—	1	1	—
Natick	112	69	43	21	16	5	133	85	48	32	18	14	3	—	3
Nedham	32	25	7	3	2	1	35	27	8	13	9	4	—	—	—
New Bedford	53	40	13	10	8	2	63	48	15	49	38	11	3	2	1
New Braintree	2	2	—	—	—	—	2	2	—	2	2	—	—	—	—
New Marlborough	8	4	4	1	1	1	9	5	4	6	3	3	—	—	—
Newbury	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—
Newburyport	32	19	13	6	4	2	38	23	15	18	11	7	4	1	4
Newton	2	1	1	1	1	—	2	1	1	—	—	—	—	—	—
Newton	8	6	2	3	2	1	11	8	3	4	—	—	—	—	—
Norfolk	3	2	1	—	—	—	3	2	1	—	—	—	—	—	—
North Adams	5	4	1	8	7	1	13	11	2	2	2	—	1	1	—
North Attleborough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
North Reading	42	32	10	15	11	4	57	43	14	9	8	1	1	1	—
Northampton	4	2	2	1	1	1	5	3	2	1	1	—	1	1	—
Northborough	6	6	—	3	2	1	9	8	1	7	1	—	1	1	—
Northbridge	35	16	19	—	—	—	35	16	19	5	2	3	1	1	1
Northfield	5	4	1	—	—	—	5	4	1	1	—	—	—	—	—

[illegible]

TABLE 10. — *First Examinations, Re-Examinations, and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1935, by Place of Residence and Sex — Concluded*

CITY OR TOWN	FIRST EXAMINATIONS			RE-EXAMINATIONS			TOTAL EXAMINATIONS			RECOMMENDATIONS					
	T.		F.	T.		F.	T.		F.	For Special Class			For Institutional Care		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Stockbridge	9	6	3	8	5	3	17	11	6	7	3	4	—	—	—
Stoneham	39	33	6	15	15	—	54	48	6	28	23	5	2	2	—
Stoughton	7	1	6	—	—	—	7	1	6	—	—	—	1	—	1
Stow	51	33	18	1	—	1	52	33	19	4	2	2	—	—	—
Sturbridge	1	1	—	7	3	4	8	4	4	5	2	3	—	—	—
Swampscott	12	7	5	10	8	2	22	15	7	10	6	4	—	—	—
Swansea	11	8	3	3	2	1	14	10	4	7	6	1	—	—	—
Taunton	9	9	—	—	—	—	9	9	—	2	2	—	1	1	—
Templeton	13	11	2	3	3	—	16	14	2	1	—	—	—	—	—
Tisbury	5	3	2	—	—	—	5	3	2	—	—	—	—	—	—
Townsend	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—
Tyngsborough	19	11	8	9	8	1	28	19	9	26	18	8	—	—	—
Upton	10	4	6	5	4	1	15	8	7	4	3	1	—	—	—
Uxbridge	25	18	7	—	—	—	25	18	7	19	14	5	6	4	2
Walpole	31	22	9	5	4	1	36	26	10	11	9	2	2	1	1
Waltham	102	65	37	40	32	8	142	97	45	67	37	30	7	1	6
Ware	11	4	7	21	13	8	32	17	15	10	6	4	5	1	4
Wareham	21	10	11	5	2	3	26	12	14	16	8	8	—	—	—
Warren	10	9	1	2	2	—	12	11	1	10	9	1	2	2	—
Warwick	3	2	1	—	—	—	3	2	—	1	1	—	—	—	—
Watertown	48	31	17	19	16	3	67	47	20	23	14	9	3	2	1
Wayland	2	—	2	4	4	—	6	4	2	3	2	1	1	1	—
Webster	7	7	—	8	6	2	15	13	2	12	11	1	1	1	—
Wellesley	35	23	12	4	3	1	39	26	13	5	4	1	1	1	—
Wellesley	1	1	—	1	1	—	2	2	—	1	1	—	—	—	—
Wellfleet	1	1	—	1	—	—	1	1	—	—	—	—	—	—	—
Wenham	3	3	—	1	—	1	4	3	1	3	2	1	—	—	—
West Boylston	1	1	—	—	—	—	1	1	—	1	1	—	—	—	—
West Bridgewater	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—
West Brookfield	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—
West Newbury	6	5	1	4	3	1	10	8	2	10	8	2	—	—	—
West Springfield	60	43	17	21	16	5	81	59	22	31	18	13	3	2	1
West Stockbridge	1	—	1	5	3	—	6	3	—	3	2	1	—	—	—
Westborough	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—
Westfield	47	36	11	49	29	19	95	65	30	29	19	10	3	1	2
Westwood	16	9	7	4	2	2	20	11	9	4	3	1	—	—	—
Weymouth	28	19	9	6	4	2	34	23	11	11	6	5	—	—	—

Whitman	8	4	4	10	10	10	18	14	4	—	—	—	—	1	—	1
Wilbraham	2	1	1	20	13	13	22	14	8	—	3	2	2	—	—	1
Williamsburg	6	5	1	6	4	4	12	14	3	2	8	1	1	3	1	2
Winchendon	15	11	4	1	1	1	16	12	4	—	7	2	1	1	1	—
Winchester	2	2	—	—	—	—	2	2	—	—	7	—	—	—	—	—
Winthrop	13	9	4	12	8	4	25	17	8	—	—	—	—	2	—	2
Woburn	57	43	14	79	68	11	136	111	25	4	1	12	2	2	2	2
Worcester	256	156	100	81	54	27	337	210	127	11	47	54	38	38	19	19
Worthington	2	1	1	1	1	—	3	2	1	—	90	—	3	3	2	1
Wrentham	7	4	3	1	1	—	8	5	3	—	2	—	1	1	—	1
Total	6,636	4,287	2,349	2,087	1,516	571	8,723	5,803	2,920	2,708	1,808	900	387	230	157	
Per cent	76.1	73.9	80.4	23.9	26.1	19.6	100.0	100.0	100.0	31.0	31.1	30.8	4.4	3.9	5.3	

Several interesting sex differences are demonstrated in Table 10. In the total children coming up for examination the boys outnumber the girls in approximately a 2:1 ratio. In the first examinations the ratio is approximately 1.8:1. In the re-examinations the boys show a decidedly higher proportion, the ratio being 2.6:1. In the total number recommended for special class the males again present the 2:1 ratio. However, in cases recommended for placement in a State school the boys make a better showing, the ratio dropping to 1.5:1. Conduct in boys plus mental retardation has been suggested as the reason for the larger numbers being referred for examination in the observed 2:1 ratio. However, the relatively smaller proportion of boys recommended for admission to State schools interferes with the acceptance of conduct as the deciding factor. This situation turns us to a consideration of other factors. We may assume that the environmental and social stresses are practically the same for both sexes. With conduct and environment ruled out of consideration we are forced to turn to other possibilities. Is there some factor in the personality or adaptability of males rendering difficult their adjustment to the present school curriculum? It is possible, of course, that the present curriculum or scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, the boys find it much more difficult to adjust to that life period spent in the public schools and become retarded in their school work in approximately a 2:1 ratio as compared with the girls.

(j) *Total Examinations, 1926-1935, by Clinic*

Table 11 outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926-1935, inclusive. In considering these last ten years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic, a total of 13,887 cases for the ten years. The Clinic of the Wrentham State School is second with 7,969 examinations; the clinic of the Northampton State Hospital is third with a total of 6,626 examinations during this period; Grafton is fourth, with 6,191 cases; Foxborough State Hospital is fifth, with 4,657 examinations; and Boston State Hospital is sixth with 4,450 examinations. The foregoing clinics are to be particularly commended for their activities, inasmuch as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

TABLE 11. — *Total School Clinic Examinations Conducted for the Years 1926-1935 Inclusive*

CLINIC	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Belchertown. . .	—	—	251	114	474	522	401	846	544	736
Boston Psycho. . .	271	121	141	130	81	126	113	200	57	104
Boston State . . .	355	527	441	502	454	397	410	527	439	398
Danvers . . .	162	132	176	255	338	343	324	425	433	646
Foxborough . . .	300	431	303	485	375	445	515	612	642	549
Gardner . . .	122	58	125	164	107	125	261	343	318	282
Grafton. . .	66	—	343	327	240	384	295	1,369	1,556	1,611
Medfield . . .	70	298	510	419	239	322	360	234	341	324
Monson . . .	384	398	225	395	494	439	304	514	398	525
Northampton . . .	708	876	1,000	581	769	523	443	697	582	447
Taunton . . .	90	230	360	292	324	353	309	335	339	522
Walter E. Fernald . . .	1,411	1,413	1,492	1,518	1,602	1,438	1,355	1,284	1,166	1,208
Westborough . . .	—	26	85	—	34	78	117	78	71	80
Worcester . . .	110	402	197	300	114	37	265	293	371	265
Wrentham . . .	603	726	637	777	882	907	607	899	980	951
Div. Men. Hygiene . . .	—	—	—	—	—	—	—	—	—	75
Total . . .	4,652	5,638	6,286	6,259	6,527	6,439	6,079	8,656	8,237	8,723

In comparing the number of examinations for the two years 1934 and 1935, we notice increases for the following clinics: Belchertown, Boston Psychopathic, Danvers, Grafton, Monson, Taunton, W. E. Fernald and Westborough.

(k) *Total Towns Examined, 1926-1935*

Table 12 gives the number of towns in which clinics were conducted during 1935. Between 1926 and 1935 the total number of towns in which examinations were held increased from 113 to 247, the largest number of towns being examined during the

present year. The State-wide nature of the school clinic examining plan is clearly outlined in this last figure. We see that by 1935 the clinics were visiting 69 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston and Springfield are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

TABLE 12. — *Number of Towns in Which School Clinics were Conducted, 1926-1935 Inclusive*

CLINIC	TOTAL TOWNS EXAMINED DURING YEAR									
	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Belchertown . . .	—	—	4	4	4	7	6	26	20	23
Boston Psycho. . .	1	1	1	1	1	1	1	2	2	2
Boston State . . .	2	3	2	2	2	2	2	2	2	3
Danvers . . .	7	9	7	15	15	9	10	18	13	29
Foxborough . . .	7	13	14	12	13	15	16	17	21	22
Gardner . . .	11	9	12	8	13	9	9	12	19	17
Grafton . . .	2	—	10	11	10	17	11	20	18	18
Medfield . . .	2	5	7	7	2	7	10	10	10	12
Monson . . .	4	4	3	4	3	6	6	7	7	7
Northampton . . .	40	34	36	28	6	18	20	18	24	19
Taunton . . .	4	19	15	17	15	20	16	20	25	34
Walter E. Fernald . . .	18	25	24	24	26	24	20	18	21	16
Westborough . . .	—	1	3	—	1	2	4	3	4	5
Worcester . . .	5	26	7	24	15	4	25	21	31	27
Wrentham . . .	10	13	11	11	13	13	10	12	15	13
Total . . .	113	162	156	168	139	154	166	206	232	247

Many inquiries from other States directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most States of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

III. INCIDENCE OF RETARDATION, 1935

Table 13 presents a summary of facts in connection with 242 towns in which first examinations were held by one of our clinics during the year 1935. It presents the school population in the grammar grades; the number of special classes; the number of children in special classes; the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded; for each town concerned, during the year 1935. As first examinations only are included we may consider that the material demonstrates, to a certain extent, the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 395,164 children. Of the total of 242 cities, towns and villages having a first examination, 126 were maintaining a total of 355 special classes, or one special class to approximately every 1,113 children of the total school population. One hundred sixteen smaller communities with a total population of 56,556 children were not maintaining special classes. While 47 per cent of the communities examined were not maintaining special classes, we observe that 85 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems.

TABLE 13. — *Towns in Which First Examinations of Retarded Children Were Held during 1935; School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Place of Residence*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6)								(7)			(8)		(9) 6+7+8 ÷ 2	(10) 6 ÷ 2	(11) 7+8 ÷ 2					
CITY OR TOWN	School Popu- lation, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popu- lation in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS								NOT MENTALLY DEFECTIVE			DEFERRED			Diagnosed as not Mentally Defective (Retarded.)	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded.)				
					MENTALLY DEFECTIVE				T.				M.				F.					Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.		
					T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.						F.	
Abington	808	—	—	—	18	13	—	5	1	50	30	20	—	—	—	—	12	—	12						
Adams	1,575	2	30	1.90	6	3	—	3	12	9	3	3	—	—	—	—	4.31	1.14	3.17						
Agawam	1,392	2	46	3.30	1	1	—	1	—	1	—	1	—	1	—	—	1.36	.43	.93						
Amesbury	862	2	25	2.90	6	6	—	—	21	19	2	2	—	—	—	—	.11	.11	.12						
Amherst	868	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.11	.69	2.42						
Andover	1,083	2	33	3.04	1	1	—	1	—	—	—	—	—	—	—	—	.09	.09	—						
Arlington*	5,352	5	137	2.55	2	2	—	—	1	2	2	—	—	—	—	—	—	—	—						
Ashburnham	334	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1.19	.59	.60						
Ashby	120	—	—	—	—	—	—	—	—	16	12	4	—	—	—	—	.83	.83	—						
Ashfield	121	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	13.22	.54	—						
Ashland	365	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Attleboro	1,723	1	17	.98	8	3	5	17	13	4	4	—	—	—	—	—	.54	.46	.99						
Auburn	3,192	1	18	.56	17	10	7	52	37	15	3	—	—	—	—	—	1.45	2.16	1.63						
Ayer	1,182	—	—	—	18	10	8	3	3	3	—	—	—	—	—	—	1.77	1.52	.25						
	475	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	.42	.42	—						
Barnstable	1,346	2	43	3.19	6	3	—	3	18	13	5	—	—	—	—	—	1.78	.44	1.34						
Barre	592	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.16	.16	—						
Becket	106	—	—	—	1	1	—	1	2	2	—	—	—	—	—	—	2.83	.94	1.89						
Bedford	392	1	15	3.82	3	1	2	2	53	27	26	—	—	—	—	—	14.28	.76	13.52						
Belchertown	357	—	—	—	3	1	2	15	10	5	—	—	—	—	—	—	5.04	.84	4.20						
Bellingham	627	—	—	—	17	12	5	34	26	8	—	—	—	—	—	—	8.13	2.71	5.42						
Belmont	3,816	2	30	.78	4	3	1	47	28	19	1	—	—	—	—	—	1.36	1.10	1.26						
Berkley	238	—	—	—	4	4	—	6	6	6	—	—	—	—	—	—	4.20	2.52	2.52						
Beverly	238	3	39	16.38	10	5	5	5	51	36	15	—	—	—	—	—	26.05	4.20	21.85						
Billerica	1,260	—	—	—	1	1	—	—	5	3	2	—	—	—	—	—	.47	.07	.40						
Blandford	93	—	—	—	—	—	—	—	7	6	1	—	—	—	—	—	7.14	—	7.14						
Bolton	100,700	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7.52	—	7.52						
Boston*	—	141	2,201	.36	6	4	—	2	12	6	6	6	—	—	—	—	—	—	—						

Bourne	500	-	-	-	-	3	1	1	2	7	1	6	-	-	-	2.00	.60	1.40
Bolyston	186	-	-	-	-	1	1	-	-	6	4	2	-	-	-	3.76	.54	3.22
Braintree	2,908	47	1.61	-	-	-	-	-	3	1	-	1	-	-	-	.03	.51	.03
Bridgewater	1,162	36	3.09	-	6	3	3	3	3	35	23	12	-	-	-	3.52	1.14	3.01
Brookton	7,825	69	.88	-	9	5	4	4	4	78	52	26	4	2	2	1.18	2.23	1.04
Burlington	403	-	-	-	-	9	5	4	4	20	13	7	-	-	-	7.19	2.23	4.96
Cambridge	11,613	318	2.73	29	18	11	55	12	1	1	43	12	-	-	-	.73	.25	.48
Canton	579	19	3.28	8	5	3	13	14	5	4	12	5	-	-	-	4.66	1.38	3.28
Carlisle	98	-	-	-	-	-	-	-	-	27	12	15	-	-	-	27.55	1.38	27.55
Carver	217	19	8.75	1	5	2	3	3	3	3	3	1	-	-	-	1.84	.46	1.38
Charlton	346	-	-	-	-	5	3	3	2	2	61	22	1	1	1	2.80	.31	1.87
Chelsea	5,875	72	1.22	18	10	8	83	18	1	18	17	1	-	-	-	1.75	.86	1.44
Chester	231	-	-	-	2	2	18	1	1	1	1	1	-	-	-	8.65	.71	7.79
Chesterfield	65	-	-	-	-	-	-	-	-	90	59	31	-	-	-	1.53	1.24	1.53
Chicopee	5,288	109	2.06	66	42	24	67	3	3	60	43	24	3	1	2	3.00	42.10	1.76
Clarksburg	171	-	-	-	-	-	-	-	-	9	3	-	-	-	-	.71	.41	39.18
Colrain	419	12	2.86	1	1	1	3	3	3	3	3	-	-	-	-	.41	.22	.71
Cohasset	243	-	-	-	-	-	-	-	-	137	75	62	-	-	-	15.75	.545	15.53
Concord	882	14	1.58	2	2	2	6	4	2	-	-	4	-	-	-	5.45	.12	5.45
Cumington	110	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Danvers	1,671	19	1.13	1	1	-	2	2	-	2	4	1	-	-	-	.17	.05	.12
Dartmouth	1,659	35	2.10	24	14	10	74	59	15	1	1	1	-	-	-	5.90	1.44	4.46
Dedham	2,413	11	.45	5	5	2	26	17	9	1	1	9	1	1	1	1.32	.20	1.12
Dennis	248	-	-	-	-	5	18	12	6	-	-	6	-	-	-	10.08	2.82	7.26
Dighton	621	14	2.25	4	4	3	4	4	4	-	-	1	-	-	-	1.28	.64	.64
Douglas	427	-	-	-	-	6	5	4	4	-	-	1	-	-	-	3.27	2.10	1.17
Dracut	1,270	-	-	-	-	14	8	8	1	-	-	1	-	-	-	1.73	1.10	.63
Dudley	581	-	-	-	-	9	4	3	1	-	-	1	-	-	-	.68	-	.68
Duxbury	311	9	2.89	2	2	-	1	1	1	1	1	-	-	-	-	.32	.30	.32
East Bridgewater	649	16	2.46	2	2	-	5	3	2	5	3	2	-	-	-	1.07	.17	.77
East Longmeadow	556	11	1.97	1	1	-	6	3	3	6	3	3	-	-	-	1.25	.84	1.08
Easthampton	1,184	16	1.35	10	7	3	19	7	2	17	17	2	-	-	-	2.44	.99	1.60
Easton	906	18	1.98	3	-	9	9	7	2	2	9	6	-	-	-	1.32	.33	.99
Edgartown	197	17	8.62	2	2	2	15	9	6	7	4	3	-	-	-	8.62	1.01	7.61
Enfield	81	-	-	1	1	-	1	4	3	-	-	1	-	-	-	9.87	1.23	8.64
Essex	176	-	-	-	-	-	-	-	-	-	-	-	-	-	-	.56	.23	.56
Everett	7,569	71	.93	18	9	9	90	55	1	1	55	35	-	-	-	1.42	.23	1.19
Fairhaven	1,613	19	1.17	-	39	37	56	43	1	-	-	1	-	-	-	.06	-	.06
Fall River	13,544	505	3.72	76	5	21	21	12	9	56	43	13	-	-	-	.97	.56	.41
Falmouth	1,234	42	3.40	5	3	2	26	48	18	2	12	9	-	-	-	2.10	.40	1.70
Fitchburg	3,455	38	1.10	7	5	2	66	5	5	66	48	18	-	-	-	2.11	.20	1.91
Foxborough	4	18	2.31	4	2	2	12	7	2	2	5	5	-	-	-	2.05	.51	1.54
Framingham	3,656	1	-	4	3	1	8	5	3	1	5	3	-	-	-	.32	.11	.21
Franklin	1,212	16	1.32	1	1	1	10	9	1	1	10	9	-	-	-	.90	.08	.82
Freetown	330	15	4.54	2	1	1	4	4	4	4	4	4	-	-	-	1.81	.60	1.21
Gardner	1,770	-	-	2	1	1	13	9	4	13	9	4	-	-	-	.84	.11	.73
Gloucester	2,900	45	1.55	9	8	1	30	18	1	30	18	12	-	-	-	1.34	.31	1.03

TABLE 13. — *Towns in Which First Examinations of Retarded Children Were Held during 1935: School Population; Number of Special Classes; Number of Children in Special Classes; Percentage of First Examinations; Number of School Population (a) in Special Classes, b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Place of Residence — Continued*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6)						(7)	(8)			(9) 6+7+8 ÷ 2 (10) 6 ÷ 2 (11) 7+8 ÷ 2		
CITY OR TOWN	School Popu- lation, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of School Popula- tion in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS						PER CENT OF SCHOOL POPULATION, 1935			Diagnosed as not Mentally Defective (Retarded.)			
					MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED				Referred to Clinic as Mentally Defective Retarded.	Diagnosed as Mentally Defective.	
					T.	M.	F.	T.	M.	F.	T.	M.	F.				
Goshen	38	—	—	—	1	1	—	3	2	1	—	—	—	10.52	2.63	7.89	
Granton	982	1	14	1.42	3	1	2	68	42	26	—	—	—	7.23	.31	6.92	
Granville	110	—	—	—	—	—	—	10	9	1	—	—	—	9.09	—	9.09	
Great Barrington	842	1	14	1.66	3	1	2	—	—	2	—	—	—	.35	.35	.24	
Greenfield	2,227	2	65	2.91	1	1	—	30	21	9	—	—	—	1.39	.04	1.35	
Groton	327	—	—	—	1	1	—	19	11	8	—	—	—	6.11	.30	5.81	
Groveland	298	—	—	—	—	—	—	1	1	—	—	—	—	.33	—	.33	
Hadley	562	1	8	1.42	1	1	—	1	1	—	—	—	—	.35	.18	.17	
Halifax	122	—	—	—	—	—	—	1	1	—	—	—	—	.81	—	.81	
Hampden	117	—	—	—	—	—	—	1	1	1	—	—	—	.85	—	.85	
Hanover	474	—	—	—	—	—	—	9	6	3	—	—	—	2.10	.21	1.89	
Hanson	340	—	—	—	9	5	4	41	25	16	—	—	—	14.70	2.64	12.06	
Hardwick	222	—	—	—	1	1	—	—	—	—	—	—	—	.45	.45	—	
Harvard	115	—	—	—	—	—	—	16	9	7	—	—	—	13.91	—	13.91	
Harwich	399	—	—	—	11	8	3	13	8	5	—	—	—	6.01	2.75	3.26	
Hatfield	433	—	—	—	5	4	1	21	11	10	—	—	—	6.00	1.15	4.85	
Haverhill	5,637	3	77	1.36	7	3	4	6	5	1	1	1	1	.24	.12	.12	
Hingham	1,009	1	12	1.18	5	3	2	22	11	11	—	—	—	2.67	.49	2.18	
Holbrook	443	—	—	—	—	—	—	1	1	—	—	—	—	.22	.22	.22	
Holbrook	674	—	—	—	4	2	2	5	3	2	—	—	—	1.33	.59	.74	
Holyoke	5,436	6	106	1.94	38	24	14	86	61	25	—	—	—	2.28	.70	1.58	
Hopkinton	391	—	—	—	3	—	3	5	3	2	—	—	—	2.04	.76	1.28	
Hudson	959	1	16	1.66	12	4	8	13	9	4	—	—	—	2.60	1.25	1.35	
Hull	375	—	—	—	3	1	2	15	11	4	—	—	—	4.80	.80	4.00	
Huntington	173	—	—	—	—	—	—	17	9	8	—	—	—	9.82	—	9.82	
Ipswich	1,007	—	—	—	27	18	9	57	36	21	—	—	—	8.34	2.68	5.66	
Lakeville	217	—	—	—	5	2	3	—	—	—	—	—	—	2.30	2.30	—	
Lancaster	325	—	—	—	1	1	—	24	11	13	—	—	—	7.69	.31	7.38	

Lawrence	8,016	5	67	.83	13	9	4	12	10	2	2	—	—	—	33	16	17
Leicester	675	2	50	1.91	23	17	2	9	8	74	1	—	—	—	1.92	.59	1.33
Leicester	2,615	—	—	—	—	—	6	162	88	—	—	—	—	—	7.11	.88	6.23
Leverett	121	3	56	2.91	6	4	2	294	2	116	—	—	—	—	1.65	.31	15.32
Lexington	1,919	—	—	—	—	—	—	—	178	—	—	—	—	—	15.63	—	15.32
Lincoln	237	—	—	—	—	—	—	1	2	—	—	—	—	—	.42	—	19.44
Littleton	180	—	—	—	—	—	—	35	16	19	1	—	—	—	19.44	—	19.44
Lowell	11,370	7	92	.80	15	8	7	25	20	5	5	—	—	—	.35	.13	.22
Ludlow	1,593	2	36	2.25	9	7	2	22	15	7	7	—	—	—	1.94	.56	1.38
Lunenburg	364	1	—	—	1	1	1	1	1	1	—	—	—	—	.54	.27	.27
Lynn	12,196	17	287	2.35	19	8	11	45	33	12	1	1	1	1	.54	.16	.38
Malden*	7,308	8	105	1.43	—	—	—	2	1	1	—	—	—	—	—	—	—
Mansfield	1,073	1	17	1.58	1	—	1	8	5	3	—	—	—	—	.83	.09	.74
Marblehead	1,263	—	—	—	—	—	—	2	2	—	—	—	—	—	.15	—	.15
Marion	309	3	35	2.16	8	6	2	61	30	31	—	—	—	—	22.33	2.59	19.74
Marlborough	1,616	—	—	—	—	—	2	35	26	9	1	—	—	—	2.84	.55	2.28
Mashpee	103	—	—	—	—	—	2	5	4	—	—	—	—	—	8.73	3.88	4.85
Maynard	980	1	12	1.26	9	7	2	27	14	13	4	—	—	—	3.15	.31	2.84
Medford	319	—	—	—	6	3	3	19	15	4	—	—	—	—	7.83	1.88	5.95
Medford*	9,414	9	103	1.73	3	3	2	2	2	2	—	—	—	—	—	—	—
Medway	520	—	—	—	5	3	2	5	5	5	—	—	—	—	1.92	.96	.96
Melrose	2,922	4	60	2.05	—	—	—	14	8	6	1	—	—	—	.51	—	.51
Merrimac	325	—	—	—	1	1	—	4	3	1	1	—	—	—	1.53	.30	1.23
Methuen	2,751	1	18	.65	15	8	7	96	64	32	1	—	—	—	4.07	.55	3.52
Middleborough	1,263	1	11	.87	8	6	2	18	15	3	—	—	—	—	2.05	.63	1.42
Middleton	214	—	—	—	3	2	1	19	14	5	—	—	—	—	10.28	1.40	8.88
Middleton	2,055	3	54	2.62	5	4	2	22	17	5	—	—	—	—	1.31	.24	1.07
Millbury	948	—	—	—	4	2	2	—	—	—	—	—	—	—	.42	.42	—
Millis	356	—	—	—	1	1	—	17	12	5	—	—	—	—	5.05	.38	4.77
Milton	2,536	1	13	.51	4	3	1	15	12	3	—	—	—	—	.74	.15	.50
Montague	1,234	2	35	2.83	4	2	2	43	29	14	—	—	—	—	3.80	.32	3.48
Montgomery	30	—	—	—	—	—	—	2	2	—	—	—	—	—	6.66	—	6.66
Nahant	259	—	—	—	1	1	—	2	2	—	—	—	—	—	1.15	.38	.77
Natick	2,209	2	32	1.44	7	3	4	102	65	37	—	—	—	—	5.07	.32	4.75
Needham	1,995	1	11	.55	7	5	2	25	20	5	1	2	2	2	1.25	.35	4.75
New Bedford	14,713	11	219	1.48	23	18	5	30	22	8	—	—	—	—	3.6	.16	.20
New Braintree	64	—	—	—	—	—	4	2	2	—	—	—	—	—	3.12	—	3.12
New Marlborough	144	—	—	—	—	—	4	4	4	4	—	—	—	—	5.55	2.77	2.78
Newburyport	1,447	2	12	.82	12	5	7	20	14	6	—	—	—	—	2.21	.83	1.38
Newburyport	9,505	7	146	1.53	2	1	1	8	6	2	—	—	—	—	3.86	—	3.86
Norfolk	207	—	—	—	—	—	—	3	3	—	—	—	—	—	.12	—	.12
North Adams	2,476	4	50	2.01	2	1	—	38	28	10	—	—	—	—	.56	.22	.34
North Attleboro	880	1	12	1.36	4	4	1	—	—	—	—	—	—	—	10.68	1.01	9.67
North Reading	393	1	18	4.58	4	4	—	2	4	2	1	1	1	1	.14	.30	1.11
Northampton	2,718	1	11	.40	1	1	—	31	4	16	—	—	—	—	1.78	.48	1.48
Northampton	337	—	—	—	1	1	3	—	—	—	—	—	—	—	2.44	.28	2.16
Northbridge	1,432	—	—	—	2	1	1	—	15	2	—	—	—	—	1.83	.73	1.10
Northfield	272	—	—	—	2	2	1	3	2	—	—	—	—	—	1.83	1.10	1.10
Norton	432	—	—	—	2	1	1	—	—	—	—	—	—	—	.46	.46	—

TABLE 13. — *Towns in Which First Examinations of Retarded Children Were Held during 1935: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Place of Residence — Continued*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	(6) (7) (8)									(9) 6 + 7 + 8 ÷ 2 (10) 6 ÷ 2 (11) 7 + 8 ÷ 2		
CITY OR TOWN	School Popu-lation, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent-age of School Popu-lation in Special Classes.	FIRST EXAMINATIONS BY TRAVELING CLINICS									PER CENT OF SCHOOL POPULATION, 1935		
					MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED			Referred to Clinic as Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Retarded.)
					T.	M.	F.	T.	M.	F.	T.	M.	F.			
Norwell	237	—	—	3.27	2	2	—	7	5	2	—	—	—	3.79	.84	2.95
Norwood	2,110	4	69	—	16	13	3	50	32	18	1	1	—	3.17	.76	2.41
Oak Bluffs	249	1	16	6.42	2	1	1	3	2	1	—	—	—	2.00	.80	1.20
Orange	740	1	10	1.35	2	1	1	37	20	17	—	—	—	5.27	.27	5.00
Oxford	679	—	—	—	2	2	—	1	1	—	—	—	—	.44	.29	.15
Palmer	1,494	2	33	2.20	1	—	1	—	—	—	—	—	—	.06	—	.06
Paxton	112	—	—	—	—	—	—	1	1	—	—	—	—	.89	—	.89
Peabody	3,137	1	11	.35	—	—	—	1	1	1	—	—	—	.03	—	.03
Pembroke	218	—	—	—	—	—	—	—	—	—	—	—	—	.45	—	.45
Pepperell	451	1	10	2.21	—	2	—	2	2	2	—	—	—	.88	.44	.44
Pittsfield	7,128	3	44	.61	17	9	8	97	71	26	—	—	—	1.59	.23	1.36
Plainfield	79	—	—	—	2	1	1	5	5	—	—	—	—	8.86	2.53	6.33
Plainfield	1,926	2	29	1.50	6	4	2	55	27	28	—	—	—	3.16	.31	2.85
Plymouth	525	2	19	3.61	3	—	3	26	17	9	5	3	2	6.47	.57	5.90
Provincetown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Quincy	11,608	8	168	1.44	17	12	5	147	97	50	6	3	3	1.46	.15	1.31
Randolph	1,319	1	6	.45	2	2	—	4	3	1	—	—	—	.45	.15	.30
Raynham	358	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—
Reading	1,755	2	32	1.82	8	6	2	25	18	7	—	—	—	1.11	.56	.55
Rehoboth	465	—	—	—	1	1	1	—	1	1	—	—	—	1.88	.46	1.42
Revere	6,187	12	240	3.87	12	8	4	109	69	40	—	—	—	.43	.21	.22
Rockland	1,211	—	—	—	2	—	2	8	7	1	—	—	—	1.95	.19	1.76
Rockport	414	1	12	2.89	—	—	2	14	9	5	1	1	—	.82	.16	.66
Royalston	138	—	—	—	5	2	3	9	6	3	—	—	—	3.62	—	3.62
Russell	249	—	—	—	—	—	—	1	1	—	—	—	—	10.14	3.62	6.52
Rutland	204	—	—	—	2	2	—	3	3	—	—	—	—	.40	—	.40
														2.45	.98	1.47

Salem	4,081	5	108	2.64	15	6	9	29	17	12	1.07	.36	.71
Salisbury	298	-	-	-	1	1	1	6	4	2	2.34	.33	2.01
Sandisfield	83	-	-	-	1	1	1	1	3	1	2.40	1.20	1.20
Sandwich	179	-	-	-	1	1	4	4	-	-	2.79	.56	2.23
Saugus	2,541	2	30	1.18	6	5	1	10	9	1	.62	.23	.39
Scituate	617	-	-	-	2	2	1	1	5	1	.48	.32	.16
Seekonk	946	1	13	1.37	2	2	2	7	-	2	.95	.21	.74
Sharon	558	-	-	-	2	2	2	28	17	11	5.37	.35	5.02
Sheffield	230	1	12	5.21	8	6	2	10	6	4	8.26	4.78	4.78
Shirley	268	-	-	-	1	1	1	2	1	1	1.49	.74	.75
Shrewsbury	1,300	2	28	2.15	10	6	4	145	74	71	11.92	.77	11.15
Somerset	922	1	15	1.62	6	4	2	15	9	6	2.27	.65	1.62
Somerville	13,189	8	157	1.19	26	11	15	140	92	48	1.27	.20	1.07
South Hadley	1,031	-	-	1.74	3	2	1	20	12	-	2.23	.29	1.94
Southborough	284	1	18	5.28	-	-	-	-	-	-	-	-	-
Southbridge	1,376	1	17	5.23	12	7	5	1	1	8	.35	.87	.35
Southwick	273	1	16	5.86	8	5	3	11	9	2	2.76	2.93	1.89
Spencer	504	-	-	-	1	1	-	-	-	-	6.95	.17	4.02
Springfield*	21,277	16	421	1.97	-	-	-	1	1	-	-	-	-
Stockbridge	205	-	-	-	-	-	-	9	6	3	4.39	-	4.39
Stoncham	1,347	2	29	2.15	8	5	3	31	28	3	2.89	.59	2.30
Stoughton	1,096	1	22	2.00	2	2	2	5	1	4	.63	.18	.45
Stow	165	-	-	-	-	-	-	51	33	18	30.90	-	30.90
Sturbridge	246	-	-	-	-	-	-	1	1	-	.40	-	.40
Swampscott	8,322	2	25	.30	1	1	1	11	7	4	.14	.01	.13
Swansea	608	-	-	-	1	1	-	9	6	3	1.80	.16	1.64
Taunton	4,839	6	80	1.65	4	4	-	5	5	-	.18	.08	.10
Templeton	592	-	-	-	3	2	1	10	9	1	2.19	.50	1.62
Tisbury	318	1	15	4.71	-	-	-	5	3	2	1.57	-	1.57
Townsend	288	-	-	-	-	-	-	1	1	-	.34	-	.34
Tyngsborough	205	-	-	-	3	2	1	16	9	7	9.26	1.46	7.80
Upton	289	-	-	-	-	-	-	10	4	6	3.46	-	3.46
Uxbridge	951	-	-	-	17	11	6	8	7	1	2.62	1.78	.84
Walpole	1,220	1	16	1.31	5	3	2	26	19	7	2.54	.41	2.13
Walham	5,252	9	185	3.52	18	4	14	84	61	23	1.94	.34	1.60
Ware	770	1	15	1.94	4	-	4	7	4	3	1.42	.51	.91
Warham	995	4	58	5.82	7	1	6	14	9	5	2.11	.70	1.41
Warren	484	-	-	-	9	8	1	1	1	1	2.06	1.85	2.21
Warwick	70	-	-	-	1	1	-	2	-	-	4.28	1.43	2.85
Watertown	5,653	7	67	1.18	11	3	8	37	28	9	.84	.19	.65
Wayland	462	-	-	-	2	2	2	5	-	-	.43	.43	-
Webster	1,106	1	16	1.44	2	2	2	5	5	-	.63	.18	.45
Wellesley	2,020	1	5	.24	4	-	4	31	23	8	1.73	.20	1.53
Wellesley	108	-	-	-	-	-	-	1	1	-	.92	-	.92
Wenham	136	-	-	-	-	-	-	1	1	-	.73	-	.73
West Boylston	356	-	-	-	-	-	-	2	2	-	.84	.28	.56
West Bridgewater	519	1	16	4.49	1	1	-	2	1	-	.19	-	.19

TABLE 13. — *Towns in Which First Examinations of Retarded Children Were Held during 1935: School Population; Number of Special Classes; Number of Children in Special Classes; Number of First Examinations; Percentages of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Mentally Defective, (d) Diagnosed as Retarded, by Place of Residence — Concluded*

(1)	(2)	(3)	(4)	(5) 4 ÷ 2	FIRST EXAMINATIONS BY TRAVELING CLINICS												(9) 6+7+8 ÷ 2 (10) 6 ÷ 2 (11) 7+8 ÷ 2						
CITY OR TOWN	School Population, Grammar Grades.	Number of Special Classes.	Number of Children in Special Classes.	Percent- age of Popula- tion in Special Classes.	DIAGNOSIS												PER CENT OF SCHOOL POPULATION, 1935						
					MENTALLY DEFECTIVE				NOT MENTALLY DEFECTIVE				DEFERRED				Referred to Clinic as Mentally Retarded.	Diagnosed as Mentally Defective.	Diagnosed as not Mentally Defective (Retarded.)				
					T.		F.		T.		M.		F.		T.					M.		F.	
					T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.							
West Brookfield	203	—	—	—	—	—	—	—	1	1	—	—	—	—	.49	—	.49						
West Newbury	219	—	—	—	5	4	1	1	1	1	—	—	—	—	2.73	2.28	.45						
West Springfield	2,536	4	57	2.24	22	14	8	1	37	29	8	1	1	1	2.36	.86	1.50						
West Stockbridge	189	—	—	—	1	—	1	—	—	—	—	—	—	—	.52	.52	—						
Westborough	602	1	8	1.32	1	1	—	—	—	—	—	—	—	—	.16	.16	—						
Westfield	2,716	4	59	2.17	10	5	5	—	37	31	6	—	—	—	1.73	.37	1.36						
Westwood	334	1	15	4.49	2	1	1	14	8	6	6	—	—	—	.60	.60	—						
Weymouth	3,306	4	37	1.11	9	5	4	4	19	14	5	—	—	—	.84	.27	4.19						
Whitman	976	1	9	.92	4	1	3	4	2	3	1	—	—	—	.81	.40	.41						
Wilbraham	403	1	15	3.72	—	—	—	—	2	2	1	—	—	—	.49	.49	—						
Williamsburg	323	—	—	—	3	2	1	3	3	3	2	—	—	—	1.85	.93	.92						
Winchendon	1,055	—	—	—	5	3	2	10	8	8	2	—	—	—	1.42	.47	.95						
Winchester	1,825	4	65	3.56	—	—	—	2	12	2	2	—	—	—	1.10	—	.10						
Winthrop	2,570	1	9	.35	1	—	1	12	9	9	3	—	—	—	.50	.47	.47						
Woburn	3,304	2	29	.87	27	19	8	30	24	24	6	—	—	—	1.72	.81	.91						
Worcester	26,664	24	525	1.96	63	36	27	193	120	73	—	—	—	—	.96	.24	.72						
Worthington	77	—	—	—	2	1	1	—	5	3	2	—	—	—	2.59	2.59	—						
Wrentham	333	—	—	—	2	1	1	—	5	3	2	—	—	—	2.10	.60	1.50						
Grand Total	395,164 ¹ 338,608 ²	355	6,131	1.81	1,372	818	554	5,208	3,438	1,770	56	31	25	1.67	.34	1.33	—						

*These cities have their own examining units. However, other cases from a school source are examined by our various clinics. That the unusually large school population of these cities may not load our totals and give misleading total figures, we are not including them in the total figures at the bottom of this table.

¹Total school population of towns having an examination by one of our clinics during 1935. This total is used in calculating the percentages of columns 9, 10 and 11.

²Total school population of towns having children in special classes during 1935. This total is used in calculating the percentages of column 5.

The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which interfere with the establishment of special classes. In column 9 we observe that the percentage of the total school population referred for retardation during 1935 for the entire group was 1.67 per cent. However, in the towns having no special classes the percentage of the school population referred as retarded for 1935 was 2.42 per cent.

One hundred twenty-six towns maintaining 355 special classes accommodated 6,131 children in these classes, an average of 17 children per class. Comparing this total of 6,131 children in special classes with the total school population of 395,164 we note that 1.81 per cent were in special classes during the year 1935. The 116 towns not maintaining special classes revealed a total grammar school population of 56,556 children. In these towns a total of 1,374 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 6,636 children were referred to the clinics for the first time during 1935. In other words, 1.67 per cent of the total school population were referred *during a single school year*. Dividing the 1.67 per cent of the total school population referred in accordance with diagnosis, we note that .34 per cent were diagnosed as mentally defective and 1.33 per cent as not mentally defective. This demonstrates that the ratio of not mentally defective children to mentally defective children is 3:1. That is, the mentally defective child is not alone in having difficulties in the public schools. Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have, in addition, 3 children of higher mental grade who do not make a success of their school work. The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to leave the large number of high-grade cases in the unhappy half-way position between the special class and the regular class without adequate or understanding provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.67 per cent of the total school population served by our clinics were referred because of retardation during 1935. This figure does not cover the total number of cases of retardation which have accumulated in the particular schools. These are first examinations of a single year only. Some of the children may be referred as retarded at the age of nine years or earlier and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total number of cases of retardation is subject to an accumulation over several years, inasmuch as the time in the grammar grades covers a period of 8 or 9 years. We note that the percentage of .34 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates

of the incidence of mental defect. Again, we must recall that this, too, is a figure for a single year, and that the actual accumulated number of mental defectives within the school system is much higher.

The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) for any one year are quite small in relation to the total school population. Inasmuch as the clinics are finding practically the same proportion of children retarded each year, it is necessary to consider the accumulation of cases that is occurring year after year before arriving at a total figure. The determination of this total number of retarded or mentally defective who have accumulated in a school at any one time is rather difficult. Therefore, we determined to use a different approach, and compare the *new cases* of retardation or mental defect diagnosed during one year with the *new cases* entering school during the same year. We recorded the number of children actually within the first grade of the various schools, the new cases of retardation and mental defect diagnosed the same year, and calculated the percentage. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller, but the error will be on the side of conservatism.

It was found that there was a total of 47,616 children in the first grades of those schools in which first examinations of retarded children were held during the year 1935. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables that a total of 6,636 children were referred to all clinics because of retardation for the first time during the year 1935. Comparing this total of 6,636 with the 47,616 new students entering the schools, we find that new cases of retardation and mental defect discovered during 1935 are 13.9 per cent of the number entering schools during the same year. That is, when we compare the new cases of *retardation* discovered during a single year with the *new children entering school* for the same year, we find that one child in seven is retarded in some degree.

Dividing the mental defectives from those merely retarded, we note that the *new cases* diagnosed as mentally defective during a single year are 2.8 per cent of the number of children entering school for the first time during a single year. The *new cases* diagnosed as retarded constitute 10.9 per cent of the number of children entering school for the first time. All of this, of course, is for the year 1935. We feel that these percentages of 2.8 for mental defect and 10.9 for retardation give us a much better picture of the relative amounts of these conditions actually present in our school systems.

There is nothing to be gained in discussing the differences in the number of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have been having these examinations every year. In other instances the small number of cases referred is a matter of selection on the part of the superintendent. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 126 towns have provided a total of 355 special classes caring for 6,131 children. Referring to Table 10, we note that a total of 2,708 children were recommended for special classes during 1935. That is, about one half the school rooms now devoted to special classes will be needed to take care of the new cases recommended for special class care in 1935. We see the urgent need for increasing the number of special classes now available.

IV. RESEARCH IN MENTAL DEFICIENCY

In October, 1926, the Division inaugurated a research project in mental deficiency based upon the school clinic examinations. In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. In 1929, however, the Department replaced the code sheet with a printed statistical machine card which saved a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division. A single research worker is available for studying this material. Inasmuch as the material available now involves over 30,000 cases it is extremely difficult to publish the results of this work as rapidly as might be desired. A request is being made that a new worker be allowed so that the work may be carried on more rapidly.

V. PUBLICATIONS

The following articles were published during 1935 by the Director of the Division:

- DAYTON, N. A.: Influence of Size of Family upon the Characteristics of the Mentally Deficient: Survey of 20,473 Retarded Children in the Public Schools of Massachusetts. *Am. J. Psychiat.*, 91: 799-832, Jan. 1935.
- DAYTON, N. A.: Age Incidence of Mental Diseases in 61,161 First Admissions to New York and Massachusetts Mental Hospitals. *Med. Record*, 141: 476-477, May 15, 1935.
- DAYTON, N. A.: The First Year of the New Standard Nomenclature of Diseases in Massachusetts Mental Hospitals. *Am. J. Psychiat.*, 92: 589-609, Nov. 1935
- DAYTON, N. A.: A New Method of Calculating Discharge Rates in Mental Diseases with Special Consideration of the Age Factor. *New England J. Med.*, 213: 841-849, Oct. 31, 1935.
- DAYTON, N. A.: Operation of the Fernald Traveling School Clinics and Research Possibilities in the Accumulated Examinations. *Kline Memorial Bull.*, Mass. Dept. Ment. Dis., pp. 107-162, April, 1934. (Published in 1935).
- DAYTON, N. A.: A New Statistical System for the Study of Mental Diseases and Some of the Results Attained. *Kline Mem. Bull.*, Mass. Dept. Ment. Dis., pp. 163-234, April, 1934 (Published in 1935).

VI. SOCIAL SERVICE DIVISION

(a) *Community Supervision*

The main function of the worker with mental defectives is to find a niche in the community where they will fit in as comfortably as possible. Finding this niche involves a great deal of time, particularly in these depression years. Girls of this type who have been placed at housework with little difficulty in other years are now passed up for the many normal girls who are glad to do this work. Finding a home is difficult enough, but keeping a home means endless visiting to iron out the inevitable difficulties which arise because of a lack of understanding of this problem. Giving full play to the special abilities of a girl or boy requires many a conference between worker and employer, worker and agency, or worker and family. Above all, patience with a capital P is a requisite as any worker with this group knows, for these slower minds must be told over and over again and the simplest language used before an idea becomes clear to them. Most of these mental defectives have little sense of the value of money, and the visitor is put to it to try to inculcate thrift.

All social work attempts the adjustment of the individual to his particular environment and so with the mental defective. It is important that the community have some idea of the deviation which these defectives present, and demonstrating this is the particular task of the social worker in this field. Frequent visiting, specialized recreation, educational work with the families and employers of these patients, interpreting the patient to other agencies — school, hospital, industry — is necessary if an adjustment is to be made. In spite of efforts along this line, many of the higher grade defectives are not recognized. For instance, an attractive girl

of this type who speaks well, has good manners and who shows at times surprising good sense, does not present any problem to the average person. Yet the social worker who has studied her for over a period of years knows that without her frequent visits, carefully arranged recreation and many check-ups, disaster would befall either the girl or her immediate associates.

Mental defectives are referred to the division by public and private agencies and by individuals. Many private agencies do not handle this type of case and public agencies are loath to discharge mental defectives nearing 21 into a world which they are unable to cope with. Hence they seek the aid of the division for supervision of these cases in the community. These cases are all carefully investigated and if they seem capable of adjustment into the community, are taken on for supervision. Some are committed through the courts, many more are taken on as voluntary cases. Some cases are able to carry on in their own homes after a period of advice and supervision or think they are, so that it frequently happens a case may be closed, an emergency occur, and the case again becomes active. Cases which are not supervisable in the community and are referred for that purpose cannot be accepted. This includes the epileptics, defective delinquents, the so-called institution case and cases referred by agencies where the parents do not desire supervision. The division also investigates cases referred by the department. The area covered by the two workers connected with the division extends to Springfield on the west and Plymouth on the south.

(b) *Case Records*

The following case presents many of the problems involved in working with the mentally defective:

Grace K. was removed from her mother's home because of neglect and abuse shortly after birth. Her paternity is unknown; her mother, considered mentally defective, has never seemed interested in her three children, the oldest of whom was committed to Lancaster at 15. The next, a boy, married and deserted his wife and two children. Patient, Grace, never went beyond the fifth grade in school and was said by her teacher to have been dreamy, secretive and overly interested in boys. She left school when 14 as her teachers felt she could not benefit by further academic training. Following school, Grace was placed in numerous foster homes where the verdict on her behavior varied from over-affectionate and obedient to petty-thieving, slyness, immodesty, with much concern about personal pains and aches, real or imaginary. At 21, Grace was committed to the Division of Mental Deficiency by a public agency. At that time she was attractive looking, showed good taste in clothing, and was considered a good subject for community supervision. Grace fairly beamed upon her new visitor, and after the first visit wrote an eight-page letter telling her how much she loved her and what it meant to her to have her for a friend. Letter followed letter; vague hopes and aspirations appeared — once for a nursing profession, again for the career of an actress, then to become a social worker. Following the "career" letters came doleful letters telling of symptoms suggestive of gall-stones, again of ulcers of the stomach, another feared a mastoid. Because of the uncertainty of reliance upon the word of this girl, numerous visits were made to a general hospital. Doctors were consulted about her case, for her symptoms as told by her were serious, yet no evidence was produced of a pathological condition. The visitor finally explained to the doctors that this girl had had imaginary sicknesses in the past, induced usually by overhearing conversations regarding illnesses. Later she would retail these symptoms to the doctor with great vividness. Several hurried visits to hospitals were made where nothing of consequence was found. Grace bitterly resented the doctor's lack of appreciation of her condition and the next development was a series of visits to local doctors. Her very graphic stories of various disorders have all but convinced one or two of them that she was indeed a very sick girl and but for the visitor's intervention Grace would have gone by ambulance to a local hospital. At first, the visitor's reaction to these pathological tales was to minimize them, but since that did no good a substitute had to be found. Various church activities and clubs were found and utilized for Grace, but her attention was then turned toward having boy friends. She wrote endearing letters to the minister, had escorts from club and "sociables". Knowing her over-affectionate nature and gullibility these too

had to be curtailed and a responsible girl induced to escort Grace to and from her social activities. As might be expected, this procedure removed all the glamor from the situation. No longer did these activities enthrall. Again the visitor was obliged to find an outlet that would be helpful and satisfying. As Grace showed some artistic ability she joined an art club, but failed to concentrate enough to learn the A B C's and soon lost interest. She couldn't make headway in dressmaking for the same reason, but strangely enough, her clothes do not look too badly though cut by guess.

However, Grace has a certain amount of ability along other lines. Placed with an invalid, she has become an excellent nurse, cooks well, is gentle unless crossed, when she shows a very vindictive spirit. For instance, after a well deserved reprimand she deliberately made the afternoon tea of water in which the potatoes had been boiled. On another occasion, resenting criticism on the part of her employer's husband, she went through his clothes and took small change amounting to about \$1.

Her latest manoeuver to induce invalidism is characteristic of Grace. Hearing and reading much about the prevalence of sinus trouble, she determined to join the ranks. On one particularly cold day she washed her hair, changed from winter to summer underwear, and sallied forth without a hat to call on a friend. However, being a very cold-blooded individual, she became very uncomfortable. On returning home, her employer had her take a hot mustard bath and go to bed, which probably saved her from serious illness.

The cooperation of a camp director has given Grace a helpful and profitable vacation each summer where she has developed some dramatic ability. One amusing instance occurred when a very good poem she presented as her own and which received many compliments was found to have been copied, changing key words to conform to the name of the particular camp she was attending. Here too she enjoyed the attention and solicitude of her camp mates by contracting a severe cold which necessitated much waiting on at night until it was suggested to the camp doctor that possibly the severe coughing spells were put on. Very suddenly thereafter all coughing ceased and peace again settled upon the camp at night.

TABLE 14. — *Statistical Survey of Cases — Division of Mental Deficiency Social Service — Year Ending November 30, 1935*

I	
Status — December 1, 1934	
Committed cases	17
Voluntary cases	175
Pending cases	3
	— 195
Cases Referred during year:	
Referred by public agencies	64
Referred by private agencies	5
Referred by D. M. D.	5
Referred by individuals	0
Reopened from previous years.	2
	— 76
	271
II	
Cases Closed during year:	
Cases in care of public agencies	6
Cases in care of private agencies	5
Investigations for Department — Briggs Law Cases	5
Cases moved: unable to locate	3
Cases committed to institutions	2
Investigations for Department	0
Cases not supervisable	8
Cases adjusted in homes	2
	— 31
III	
Service Rendered:	
Placement:	
Home	26
Industry	0
Recreation	78
Investigation	18
Histories	20
	— 142
IV	
Status — November 30, 1935:	
Committed cases	19
Voluntary cases	160
Pending cases	22
	— 201
Summary of Visits — Two Workers	1,410

Many similar instances might be cited but perhaps these will show some of the problems encountered. In presenting this case it is evident that no progress could be made unless the employer worked with the social worker and was given some insight into the problem. Many accidents were prevented by her quick wit and her straightforward attitude toward the visitor. Although herself an invalid, her sense of humor, common sense and her motherliness have been of inestimable value in the treatment of Grace. She is a cheerful person and never speaks of her own illness. In keeping this mentally defective girl in one home for six years, the ingenuity of the worker was taxed to the utmost. Many times her employer was at her wit's end and would have given her up gladly but for the intervention of the worker. An unusual number of visits had to be made to hospitals, dentists and camp because of this girl's peculiar fondness for being ill. In order to keep her reasonably happy, many resources in the community were tapped. Undesirable friendships had to be broken up and desirable ones found. To sum up, only eternal vigilance, close contact and a sense of humor shared by both the employer and worker alike have made it possible for this girl to remain in the community and by so doing save expense to the State.

Table 14 shows that during the year 1935, 195 cases were cared for. Of this total, 17 cases were committed to the Department of Mental Diseases, and 175 were voluntary cases. Seventy-six new cases were opened during the year, mostly referred by public and private agencies. Thirty-one cases were closed. A total of 1,410 visits were made by the two social workers carrying on this work. At the end of the year 201 cases were under supervision.

(c) The Socialization of the Mental Defective

It is more apparent each year that good early training of the mentally deficient is essential if they are to become what many potentially can be — good workers and loyal helpers in that field in which their particular gift or training lies.

In spite of the prevalence of mental defect, it is surprising to observe the lack of understanding that exists on the part of agencies and workers who have had more or less contact with mental defectives. It is highly desirable that all social workers have a course in mental deficiency before their graduation from the respective schools of social work. Unfortunately the idea has become rather common that mental deficiency and lack of ability to adjust go hand in hand. Consequently, many social workers tend to associate mental defect with immediate admission to an institution. While the difficulties of dealing with the mentally defective boy or girl are great, at the same time we feel that a better understanding of their limitations and characteristics would make for a more intelligent and sympathetic handling of this type of case.

A fact which is constantly coming to the attention of the Division is the ever-increasing demand for admission to our State schools. The urbanization of our population and the attendant speeding-up process in industry have produced a situation particularly unfavorable to the mental defective. Under such circumstances it is inevitable that those who are insufficiently equipped by nature or by training will have difficulties in making an adjustment. We must also recall that the present economic situation makes it increasingly difficult for the mental defective to effect an adjustment in the community. Where these individuals were able to secure positions in other years, we find that employers now have a tendency to replace them with high grade workers who are willing to give their services for lower wages. This fact adds greatly to our present difficulty.

In the future we may expect to deal with this problem in ever-increasing proportions. If the community is to be comfortable for the majority, governments will find it necessary to assume the function of caring for a certain portion of mental defectives practically throughout their lives. To insure the minimum of difficulties with this group, they should make provision for their intensive training from an early age. The mental defective should be well grounded in some effective means of earning his living before idleness and the attendant conduct disorders become enmeshed with his mental defect. At the present time we lack organization for a state-wide supervision of extra-institutional mental defectives. Daily we see the need for more complete supervision of mental defectives residing in the community. It seems advisable that we plan for a state-wide organization to carry on this task.

While a central organization would probably be the most efficient, there are certain elements which favor the formation of a number of smaller local agencies. The local agency, being on the ground, has a distinct advantage, for it is able to meet the individual problem at the time of greatest possibility for adjustment.

Many of our present problems are due to the fact that for many years there has been little public recognition of mental defect. As a result, the diagnosis of defect was frequently postponed until the individual was practically an adult, and his case was not brought to the attention of the authorities until well-developed conduct problems complicated the mental defect. When the State began to increase its institutional provision for mental defectives, admissions were necessarily made up of large numbers of these older cases. However, over the past twenty years there has been an increasing interest in early diagnosis and placement of backward children. The activities of the school clinic system, begun in 1915, have provided us with material offering a new insight into many of our problems. Over the past ten years the admission age of cases admitted to our State schools has steadily decreased. Our work with mental defectives has become modern and distinctly constructive in its provision for early care. However, the problem at present is that of dealing with the older defectives who, untrained and unprepared, are facing the relatively keener competition of present-day life. We may assume that the younger mental defectives now being trained in the public schools, special classes or in State schools will have a far better chance for adjustment, and that the future will show relatively smaller proportions of these children admitted to or remaining in our institutions. The intensive training of the retarded child in special classes within the public schools will do much to continue these children in community life, and will render unnecessary the placement of a certain proportion of them in State schools.

The relative numbers of mental defectives in our population have been the subject of much discussion. In Table 12 we observed that .34 per cent of our school population were diagnosed as mentally defective *during a single year*. In the section entitled "Incidence of Retardation" we observed that the first examinations diagnosed as mentally defective during 1935 present a number which was 2.8 per cent of the number of children entering school for the first time during the same year. This compares the newly discovered cases of mental defect with the new children entering school for the same year.

This gives us some idea of the size of the problem which confronts us. If we provide these unfortunates with the necessary educational and vocational training, we will enable a certain proportion of them to go out into the world and take their place among other wage earners. Conduct disturbances and personality deviations in some of these mental defectives will be prevented and in others they will diminish in exact proportion to the length of the training and supervision provided for them.

For years we have been trying to make the mental defective into a definite set type of individual. Many writers in discussing genius, or its opposite, mental defect, have assumed a definite linkage of characteristics, good or bad. Happily for the future of civilization this is not the case. If this linkage were a reality we should be divided into definite groups of very good and very bad people, instead of our present happy medium of a few good, a great many average, and a few bad. The mental defective is very much like the majority of this great average group. He may lack average characteristics in intelligence and in two or three other factors. However, in spite of these handicaps, it is remarkable to view his success in attempting to live an average life and in adapting himself to accepted social usages. Millions of his type have been successful and have never come to our attention. A few have failed, chiefly those presenting a combination of unfavorable characteristics. Around these failures has been built up "the legend of the feeble-minded", that highly theoretical description of the supposed dangerous mental defective.

It is our duty to provide suitable training and supervision for all mental defectives so that we may replace in the great average group the many who fail in one or two characteristics only. We have been discouraged at the length of time needed to train the older mental defective properly. Our experience with habit training in normal children has pointed out that early training and experience to a certain

extent predetermine the conduct pattern of the adult. It is necessary that we apply the same reasoning in training mental defectives if we are to see more of them succeed as self-supporting and self-respecting citizens. In the past we have tried to make over the adult mental defective. The results have been doubtful. Now we see the double necessity for early training. Conduct founded on a faulty interpretation of various influences by a subnormal intelligence has a relatively small chance of conforming to the social average. The socialization of the mental defective is dependent upon the determination of a standard of conduct which he can understand and use; the placement of this standard in the environments surrounding the child at an early age, and the constant repetition of the elements making up the standard. The normal intelligence often errs in its interpretation of supposed conduct determiners. The subnormal intelligence will do likewise. We should not leave the possibility open to chance, however, but must stress socialization as the deciding factor in the success of the mental defective.

VII. ANALYSIS OF WAITING LISTS TO ALL STATE SCHOOLS, 1935

During the year 1929 the Division assumed a new duty in assembling statistical data in reference to the waiting lists comprising urgent applications to the three State schools for the mentally deficient. A brief code was outlined embracing descriptive data of these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis.

The waiting lists are kept up to date at all times. Each month the State schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. This enables us to keep the lists balanced at the end of each calendar month. Punch cards are then made up for new cases and filed pending further analysis. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On November 30, 1935 there were 104 cases on the waiting list of the Belchertown State School, 2,079 cases on the waiting list of the Walter E. Fernald State School, and 948 cases on the waiting list of the Wrentham State School. The total number on the waiting lists for the three State schools was 3,131. Of these, 48.8 per cent were males and 51.2 per cent were females.

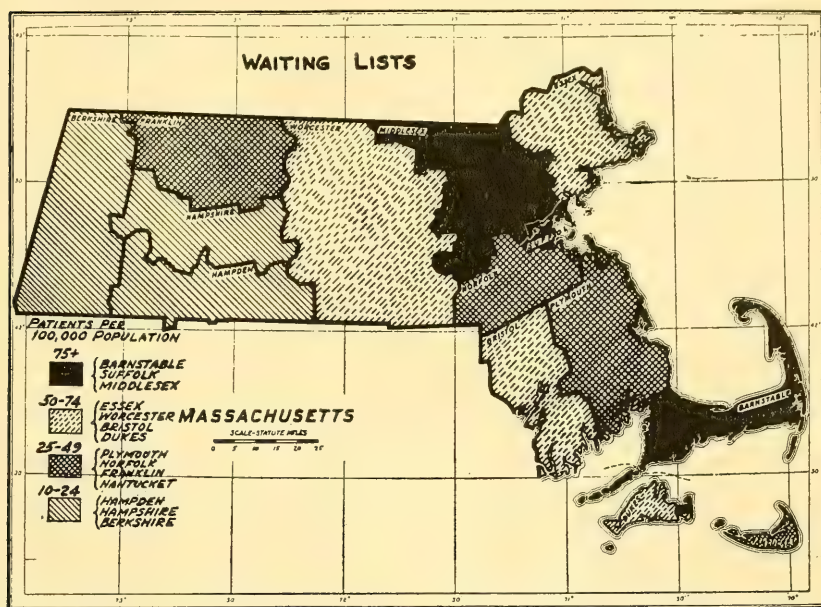
In reviewing the reasons for the urgency of admission, we note that retardation was the cause of application in 69 per cent of both sexes together. Behavior was the primary reason in 9 per cent for both sexes. Marked physical defect was the reason in .9 per cent of cases, and .2 per cent were social problems.

With regard to the intelligence quotient of children on the waiting lists, we note that the males exceeded the females in the imbecile group (males 24 percent, females 20 per cent) and the not mentally defective group (males 8 per cent, females 6 per cent). The females showed a higher percentage than the males in the idiot group (females 3.5 per cent, males 3.2 per cent) and the moron group (females 33 per cent, males 26 per cent).

With regard to the ages of applicants on the waiting lists, 73 per cent of the males were under 15 years of age, while but 51 per cent of the females fell in this group. Nineteen per cent of both sexes fell in the age group 15-19 years. But 5 per cent of males are placed on the waiting lists at ages of 20 years or over, as against 20 per cent of the females. Forty-one cases on the list were 40 years of age or over. These cases make up .7 per cent of the males and 1.9 per cent of the females.

A study was also made of the source of application by county of residence, and compared with the estimated population of these counties in 1935 (Graph III). The highest rate of applications per 100,000 of the population was observed in Barnstable County with a rate of 109 applicants. Suffolk was second with 98; Middlesex third with 76; Essex fourth with 68; Worcester fifth with 57; Bristol

sixth with 54; and Dukes seventh with 52. Plymouth, Norfolk, Franklin, Nantucket, Hampden, Hampshire and Berkshire presented the lowest rates with 44, 43, 35, 28, 16, 16 and 11 persons on the application list per 100,000 of the population of each county, respectively.



GRAPH III. — RESIDENCE OF APPLICANTS ON WAITING LISTS OF STATE SCHOOLS, 1935:
RATES PER 100,000 POPULATION OF SAME COUNTY

The total of 3,131 on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an additional institution to care for these mentally deficient individuals.

VIII. RECOMMENDATIONS

For several years the Director has been pointing out the necessity of the social supervision of (a) children in special classes and (b) children leaving special classes. In 1931, the Legislature authorized an investigation to study the feasibility of providing such supervision. This survey included a study of children still in special classes and children who had left special classes. The findings suggest that a comprehensive plan should be elaborated for supervision of the retarded or mentally defective child while still in the public schools and after he has left the public schools. If we are to aid these children in effecting an adjustment so that they may remain in the community, it is urgently necessary that we enlarge the scope of our supervisory activities and help these children not only while they are in public schools but until they are twenty-one. The Department of Public Welfare for example, supervises children placed in their care until they are twenty-one, and the majority of these children are normal in respect to intelligence. How much more important it is that children who are retarded mentally should have assistance up to the same age! A recent study completed as a part of the Rockefeller Research Project in Mental Diseases and Mental Defect shows that the average cost of caring for a mentally defective child in one of our State schools is approximately \$450 per year, and that each child admitted to a State school will cost the Commonwealth approximately \$2,600. It is quite obvious that all mental defectives cannot have this amount of money devoted to their care. These rather extraordinary costs also demonstrate the urgent necessity of providing every possible measure for rendering admission to a State school unnecessary.

Great help in keeping retarded children in the community has been contributed by the special class movement. Without this development in the field of education many additional thousands of children would have had to be admitted to one of our State schools. The additional cost of caring for these children in special classes is negligible in comparison with the larger expense involved in State school care. The average cost of caring for children in special classes is about \$130 per child. The average school cost per normal child for the same year is about \$90. Thus, the special class care of the retarded child averaged \$40 higher than that of the normal child. When we compare this amount of \$40 to the annual cost of \$450 for caring for the defective child in one of our State schools, the economy of the special class movement becomes evident. However, we are pursuing a short-sighted policy in not providing *further* supervision for these children when they leave special classes. The field of education cares for these children until they are 16. When this supervision is relaxed difficulties arise. Additional supervision for these children until they reach the age of 21 would be of tremendous benefit in tiding them over a very critical period, and would undoubtedly keep in the community many now being admitted to State schools between the ages of 16 and 21. Community adjustment and self-support are accomplishments which are beyond the great mass of mental defectives without some degree of social supervision and guidance. The provision of means for carrying out this important work should be effected at the earliest possible date.

Since 1927 the Division has been carrying on a research project based on the school clinic records. Coding of the material has been a rather slow process with only one worker, and the number of publications has been necessarily small. Over 89,000 examinations are available for study and offer an unparalleled opportunity for the study of the retarded and mentally defective child. Up to the present date about 30,000 of these records have been copied and are ready for analysis. That the work may be accelerated and these valuable facts given to the world, it is suggested that two additional research workers be placed on the Division staff.

There is great need for an additional appropriation to care for cases committed to this Division and those cared for on a voluntary basis. The present economic situation has greatly increased the demands for social service supervision of the mentally defective. Individuals and agencies are making increasing demands on the Division for help at this time. Many employers who have paid good wages to mentally defective boys and girls in the past find that they are no longer able to do so. The task of finding other positions for these persons has added greatly to our divisional problems. We are handicapped in our work by the fact that certain cases need temporary financial support to tide them over until a new position can be obtained. Otherwise, the only recourse available is admission to one of our State schools, and we have seen that this is a very expensive procedure. Such a policy is not only short-sighted from the economic standpoint but it is, in addition, a real injustice to retarded individuals who through years of painstaking effort have earned the right to remain in the community. The annual appropriation of a sum of \$2,000 will enable us to carry out this work in an efficient way. It can be seen that if we could keep but one mentally defective individual in the community rather than have him committed to a State school at an average cost of \$2,600, we would more than justify this expenditure. At the end of 1935 the Division was supervising 201 cases in the community, and most of these would require admission if this supervision were not available. Applying the average cost of each admission as outlined above, we see that the Division has been responsible for a saving of \$522,600 for State school care. At a time when expenses of State school provision are becoming almost prohibitive, the enlargement of the divisional activities seems a sensible way to care for the thousands of mental defectives coming to our attention. The first part of the Report shows that 8,773 mental defectives were registered with the Department during a single year. Some comprehensive plan should be made to supervise these individuals lest they become public charges later in life.

Our analysis of the waiting lists for admission to the three State schools demonstrates the need for increases in institutional provision for mental defectives. The total of 3,131 cases on the waiting lists indicates an urgent need for the en-

largement of existing facilities and the construction of an additional State school to care for mentally defective individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable.

Sincere appreciation is herewith expressed to the Commissioner for his co-operation throughout the year.

Respectfully submitted,
NEIL A. DAYTON, *Director.*

REPORT OF THE SUPPORT DIVISION

To the Commissioner of the Department of Mental Diseases:

I herewith report the work of this Division for the year ending November 30, 1935, as follows:

Visits to the Hospitals	158
Histories taken at Hospitals	5,090
Visits to relatives of patients and others for investigation:	
By outside visits	6,398
By office calls	1,167
By telephone	1,570
Total investigations	9,135
Cases submitted for deportation to the U. S. Commissioner of Immigration	10
Cases submitted for deportation by the Department	104
<i>Support Cases, not including Ex-Service Men of the World War.</i>	
Cases pending November 30, 1934	830
New Cases	3,100
	3,930
Made Reimbursing	1,070
Accepted as State Charges	1,976
Pending November 30, 1935	884
	3,930
<i>Reimbursing Cases</i>	
Cases remaining in Hospitals November 30, 1934	2,207
New Cases	1,359
	3,566
Died	389
Discharged or on visit November 30, 1935	696
Dropped — accepted as State Charges	215
Transferred to other Institutions	94
Accepted by Veterans' Administration	4
Remaining in Hospitals November 30, 1935	2,168
	3,566
<i>Cases of Ex-service Men of the World War Considered by the U. S. Veterans' Administration for Support Between November 30, 1934 and November 30, 1935.</i>	
Cases remaining in Hospitals November 30, 1934	6
New Cases	9
Re-opened Cases	0
	15
Died	0
Discharged or on visit	7
Transferred to other State Institutions	0
Made Reimbursing	0
Rejected	0
Remaining in Hospitals November 30, 1935	8
	15
Ex-service men actually in the Hospitals November 30, 1935	437
Cases chargeable to Veterans' Administration	8
Cases not yet chargeable (rejected or pending)	429
	437

Attorney-General Cases

Cases pending in the office of the Attorney-General, Nov. 30, 1934	107	
Reported during the year	42	
		149
Cases closed during the year	40	
Cases pending November 30, 1935	109	
		149

Summary of Work of Investigators and Clerical Force

There were 623 investigations made at various Probate Courts. In addition to their outside work, the staff of Investigators spent 5,562 hours in the office preparing for such work and in reporting the results of their investigations.

Letters: 2,055 letters were written concerning the general work of the Division and 1,041 letters concerning ex-service men and Veterans' Administration matters. 272 clinical abstracts and 451 stencil forms were transmitted to the Veterans' Administration.

Documents: 7,103 documents relating to Probate matters were handled. 5,698 history slips were prepared for the use of the Investigators, and, including transfer records, a total of 6,145 histories were written.

Bills: About 20,000 bills were sent out, not including bills sent to the Veterans' Administration. Bills amounting to \$5,008 were rendered to the Veterans' Administration during the year.

Receipts for Support of Reimbursing Patients

HOSPITAL	Year ending: Nov. 30, 1934	Year ending: Nov. 30, 1935	Total since Jan. 1, 1904
Psychopathic	\$167.86	\$350.36	\$38,310.85
Boston State	82,205.87	99,174.80	1,547,236.99
Danvers	103,976.65	107,538.71	2,029,810.77
Foxborough	45,416.17	50,798.19	619,597.89
Gardner	24,782.61	27,313.14	369,500.94
Grafton	21,943.46	24,701.97	420,712.65
Medfield	44,990.29	35,610.60	709,097.74
Metropolitan	29,866.56	35,633.07	160,815.07
Northampton	93,295.97	98,990.53	1,537,603.39
Taunton	57,596.26	49,340.14	1,132,604.85
Westborough	114,682.77	112,895.50	1,982,184.94
Worcester	69,177.05	72,058.71	1,529,656.81
Monson	19,633.87	16,847.48	355,315.77
Belchertown	5,436.90	7,988.93	67,620.93
Fernald School	22,237.31	16,287.69	299,191.68
Wrentham	11,443.11	15,756.51	139,278.53
State Infirmary	2,364.38	4,128.26	88,819.62
Bridgewater	5,365.50	3,557.84	105,796.05
Hospital Cottages	—	145.33	2,121.26
Family Care	—	—	17,344.87
Foxborough Labor	—	—	3,370.45
Alms Houses	—	—	923.66
	\$754,582.59	\$779,117.76	\$13,156,915.71

Yearly Totals from January 1, 1904

From January 1, 1904 to September 30, 1904	\$31,882.11
Year ending September 30, 1905	72,750.93
From October 1, 1905 to November 30, 1906 (14 months)	87,804.66
Year ending November 30, 1907	79,495.76
Year ending November 30, 1908	86,867.04
Year ending November 30, 1909	102,468.57
Year ending November 30, 1910	117,588.91
Year ending November 30, 1911	124,083.94
Year ending November 30, 1912	133,059.95
Year ending November 30, 1913	133,818.23
Year ending November 30, 1914	130,671.57
Year ending November 30, 1915	139,375.33
Year ending November 30, 1916	141,585.18
Year ending November 30, 1917	174,710.70
Year ending November 30, 1918	179,161.66
Year ending November 30, 1919 (including soldiers	182,240.81
Year ending November 30, 1920 (including soldiers	296,178.62
Year ending November 30, 1921 (including soldiers	311,631.57
Year ending November 30, 1922 (including soldiers	359,582.44
Year ending November 30, 1923 (including soldiers	364,142.75

Year ending November 30, 1924 (including soldiers	302,434.00)	601,505.73
Year ending November 30, 1925 (including soldiers	36,271.00)	452,416.45
Year ending November 30, 1926 (including soldiers	67,369.00)	922,452.99
Year ending November 30, 1927 (including soldiers	84,500.00)	987,469.80
Year ending November 30, 1928 (including soldiers	87,599.00)	1,006,625.43
Year ending November 30, 1929 (including soldiers	14,926.86)	939,846.19
Year ending November 30, 1930 (including soldiers	18,104.00)	947,503.03
Year ending November 30, 1931 (including soldiers	19,048.00)	917,593.67
Year ending November 30, 1932 (including soldiers	849.00)	819,870.81
Year ending November 30, 1933 (including soldiers	11,220.00)	778,830.53
Year ending November 30, 1934 (including soldiers	6,698.00)	754,582.59
Year ending November 30, 1935 (including soldiers	4,642.00)	779,117.76

\$13,156,915.71

Number and Board Rates of Reimbursing Patients for the Year ending October 1, 1935

INSTITUTIONS	Daily Average Number		Average Weekly per Capita Rate	Number October 1, 1935		United States Deportation Cases		Soldier Cases			
						Daily Average Number	Average Weekly Per Capita	Daily Average Number	Average Weekly Per Capita		
	M.	F.		M.	F.					M.	F.
Psychopathic	.17	.32	5.07	0	1	.02	—	35.00	—	—	—
Boston	91.98	160.18	7.35	80	159	—	—	—	1.00	14.00	—
Danvers	108.49	164.40	7.80	111	203	—	—	—	—	—	—
Foxborough	25.40	91.47	7.44	43	103	—	—	—	1.00	14.00	—
Gardner	23.97	40.56	7.82	29	47	—	—	—	—	—	—
Grafton	30.58	27.62	7.67	24	24	—	—	—	—	—	—
Medfield	43.75	61.45	7.92	28	73	—	—	—	—	—	—
Metropolitan	28.50	47.45	7.74	35	71	—	—	—	—	—	—
Northampton	81.22	165.75	7.55	81	181	—	—	—	—	—	—
Taunton	46.16	96.02	7.34	40	108	—	—	—	—	—	—
Westborough	99.46	191.92	7.54	90	195	—	—	—	—	—	—
Worcester	76.47	99.25	7.53	70	119	—	—	—	1.12	14.00	—
Monson Sane	22.20	34.64	5.70	28	35	—	—	—	—	—	—
Monson Insane	—	—	—	—	—	—	—	—	—	—	—
Belchertown	12.88	11.78	4.42	17	24	—	—	—	—	—	—
W. E. Fernald	39.78	22.90	6.53	48	45	—	—	—	—	—	—
Wrentham	24.16	20.20	5.67	40	25	—	—	—	—	—	—
Infirmiry	1.56	6.00	6.80	0	12	—	—	—	—	—	—
Bridgewater	6.13	—	8.08	8	0	—	—	—	2.00	—	14.00
Hospital Cottages	.33	—	3.01	2	1	—	—	—	—	—	—
Family Care	—	—	—	0	1	—	—	—	—	—	—
	763.19	1,241.91	7.41	774	1,427	.02	—	35.00	2.00	3.93	14.00

This report shows that the total collections on account of reimbursements for support of patients were \$779,117.76. Of this amount \$4,642 was received for the support of ex-service men of the World War, leaving a balance of \$774,475.76 as the amount collected for the support of civilian cases.

Total receipts for support indicate a per capita collection for the year of \$28.90.

I am submitting on the same sheet a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1934, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are \$13,156,915.71.

This Division has an active reimbursing list of approximately 2,168, the maximum rate in any case being \$10 per week and the minimum rate being \$1 per week.

Investigations by this Division have resulted in the deportation to other states and countries of 79 patients during the year ending November 30, 1935. With an average stay of resident cases of about nine years, and at the prevailing cost of \$10 per week, this would seem to have effected a saving to the Commonwealth of about \$369,720.

Respectfully submitted,

PAUL A. GREEN,

Supervisor.

ACKNOWLEDGMENT

Grateful appreciation is herewith expressed to the Rockefeller Foundation for the additional appropriation received during the last year to be used in the work of completing and publishing some of the researches conducted under previous

grants. The first investigation was made through a grant from the Laura Spelman Rockefeller Fund for the three-year period July, 1928 to July, 1931, inclusive. On the latter date our research project was further extended by the Foundation for a three-year period and ended on July 1, 1934. The present grant covers the period from January 1, 1935 to December 31, 1939.

WINFRED OVERHOLSER, *Commissioner*.

REPORT OF THE DIVISION OF STATISTICAL RESEARCH

To the Commissioner of the Department of Mental Diseases:

A report of the work of the Division of Statistical Research for the year ending November 30, 1935, is respectfully submitted.

During the fall of the year application was made to the Rockefeller Foundation for a further grant to be used for the publication of four volumes presenting the results of certain of our researches. This request was acted upon favorably by the Foundation and the sum of \$26,000 was granted to the Department to be extended over the five-year period January 1, 1935 to December 31, 1939, inclusive. The four volumes to be published through the aid of this grant are outlined as follows:

(1) A broad, general survey of mental diseases in Massachusetts over the period 1917-1933. This state-wide analysis would embrace 99 per cent. of all case entering mental hospitals, and would be based upon a total of 121,344 cases. The material is new in the annals of psychiatry and should be of vital interest to psychiatrists, administrators, sociologists, legislators, and that portion of the public which is interested in social and public health problems.

(2) An intensive study of the clinical manifestations of mental diseases based upon an analysis of 20,000 cases. Added medical and clinical data would make this study of particular interest to psychiatrists, to general medical men, and to sociologists.

(3) A general survey, state-wide in scope, of the subjects of Mental Deficiency and Epilepsy. The 10,000 cases of mental deficiency and the 5,000 cases of epilepsy studied represent all admissions to public institutions in Massachusetts for the period 1917-1933. As the increase in numbers of mental defectives is showing a 2:1 ratio over the increase in mental diseases over the past 15 years, such a study should be of interest to psychiatrists, physicians, administrators, sociologists and educators.

(4) An intensive study of the clinical manifestations associated with mental deficiency based upon an analysis of 3,200 cases admitted to the Wrentham State School. With the added material on heredity, and on the medical, clinical, psychological and educational aspects, this publication should be of consequence to psychiatrists, physicians, geneticists, psychologists, educators and the general public.

The ten months elapsing since the grant became effective have been devoted to working on the material for the first volume as outlined above.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times.

Respectfully,

NEIL A. DAYTON, *Director*.

REPORT OF THE DIVISION OF STATISTICS

To the Commissioner of the Department of Mental Diseases:

A report on the work of the Division of Statistics for the year ending November 30, 1935, is respectfully submitted.

SUMMARY OF CONTENTS, DIVISION OF STATISTICS

I. Department Statistics, Tables A to J.

II. Statistical Review: Subjects of Text Discussion.

A. General Discussion of All Classes under Care.

B. All Admissions to Mental Hospitals During 1935.

C. All Discharges from Mental Hospitals During 1935.

D. Deaths in Mental Hospitals During 1935.

E. Resident Population and Patients Out of Mental Hospitals on September 30, 1935.

F. General Discussion of All Classes under Care in State Schools.

G. All Admissions to State Schools During 1935.

H. All Discharges from State Schools During 1935.

J. All Deaths in State Schools During 1935.

K. Resident Population and Patients Out of State Schools on September 30, 1935.

III. Graphs:—

Departmental Statistics — Graphs A to C.

Mental Diseases — Graphs 1 to 9, inclusive.

Mental Deficiency — Graphs 10 to 16, inclusive.

The Statistical Division of the Department was reorganized in 1927. A new system of recording data on all patients within the purview of the central office was established and put into effective operation, both at the individual institutions and at the central Department. By means of this method, complete centralization of procedure was effected and the scope of information and data on our patient population, both insane and feeble-minded, was tremendously increased. This system was likewise installed at Bridgewater, Mental Wards at Tewksbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively. Thus we have a total of twenty-one institutions coming under the Department system. Each institution sends to the Department a statistical card indicating the admission, discharge or death of each patient and at the end of the year a set of twenty standard tables are made up and returned to the institution for publication in its annual report. All statistical work is removed from the institution and the machine equipment at the central office made use of to relieve institutions of these duties.

During 1934, a new departure was made in presenting statistics on patients in our mental hospitals. In addition to presenting data in accordance with the new psychiatric classification of mental disorders, all admissions, discharges, deaths, resident population and patients out of institutions were divided into first and readmissions. We are familiar with this division in patients entering hospitals. However, it is a new approach to divide discharges, deaths, and the resident population in the same manner. It was deemed statistically necessary to make this classification in view of the fact that the proportions of cases who are first admissions and readmissions vary markedly throughout the five groups mentioned above. For instance, first admissions and readmissions show widely differing discharge rates. Different proportions of first and readmitted cases throughout the various psychoses remain in residence. Readmitted cases remain in residence about half a year longer than first admissions and for that reason present a slower turnover and a lower discharge rate. For instance, our annual statistics for the year 1935 showed us that the discharge rate for first admissions was 180 per 1,000, or one case out of every five under care, while that for readmissions was 100 for each 1,000 readmissions under care, or about one in ten. First admissions who died showed a rate of 90 per 1,000 first admissions under treatment, while the readmissions showed a rate of 37, approximately one-third that of the first admissions.

The above differentiation and analysis of mental patients in accordance with their status of admission is believed to be the first of its kind to be used in presenting the statistics of a State. The differing results for the two groups are so outstanding that this method of presenting our data will be continued in all future Annual Reports of this Department.

Attention is also called to the fact that the 1934 Report was the first to make an analysis of patients out of our institutions at the end of the year. In view of the fact that they comprise ten per cent of the total number of cases on the books of mental hospitals in this State, their inclusion in our annual statistics has been made a permanent procedure.

The 1935 Report of the Department is the eighth making use of the new statistical system. It contains tables of first admissions on all legal forms, that is, admissions on regular court commitment, admissions for temporary care, for observation, admissions on voluntary status and transfers. It likewise contains complete

data in reference to all discharges and deaths at the various State hospitals during the year. In addition there is a section analyzing the status of our resident population and patients out at the end of the statistical year. A total of 289 tables are presented.

A separate section of tables including information in reference to the three schools for mental defectives makes up a part of the Report. These tables discuss various aspects in connection with admissions, discharges, deaths, resident population and patients out of the three State schools.

Respectfully submitted,

NEIL A. DAYTON, *Director*.

DEPARTMENTAL STATISTICS

TABLE A. — General Statement of the Department for the Year Ending November 30, 1935 — by Institution

INSTITUTIONS	Year of Opening	Number of Patients Under Care, Nov. 30	Num-ber of Total Admis-sions ¹	ACREAGE		Land ⁴	Buildings and Betterments ⁵	VALUATION (See Notes)			Total
				Total Acres	Buildings Sites and Grounds Acres	Under Culti-vation, Acres		Personal Property ⁶	Farm and Garden Products	Industrial	
<i>Hospitals for Mental Diseases:</i>											
Boston Psychopathic	1912	88	1,935	2.00	2.00	—	\$48,900.00	\$61,178.09	—	\$600.00	\$593,239.91
Boston State	1839 ²	2,325	838	224.66	224.66	—	974,100.00	426,421.35	\$9,945.78	21,885.81	5,324,950.30
Danvers	1878	2,140	955	517.68	248.18	269.50	101,317.00	282,801.57	72,807.92	31,917.10	3,359,365.41
Foxborough	1893	1,230	308	352.40	268.90	83.50	35,400.00	316,482.77	36,906.37	17,332.72	2,583,605.99
Gardner	1902	1,441	155	1,856.00	1,450.55	405.45	41,403.00	418,790.17	71,323.74	21,857.71	2,170,723.89
Grafton	1915 ³	1,443	86	1,087.90	821.65	266.25	39,512.00	215,325.79	65,334.24	20,792.66	1,792,930.55
Medfield	1896	1,866	417	670.83	431.83	239.00	55,660.00	378,935.56	69,641.73	34,879.00	2,313,638.68
Metropolitan	1930	1,493	277	386.96	330.46	56.50	79,025.00	436,615.06	8,355.56	1,691.40	5,052,059.70
Northampton	1858	1,852	634	550.75	334.75	216.00	174,165.00	233,049.05	60,554.61	8,103.65	3,074,152.27
Taunton	1854	1,572	576	467.96	315.21	152.75	62,075.00	255,751.73	54,573.09	18,431.00	1,849,428.36
Westborough	1886	1,508	433	763.93	447.78	316.15	60,830.00	370,674.17	63,102.62	22,669.47	2,225,969.57
Worcester	1833	2,331	736	589.16	412.16	177.00	444,570.00	404,782.64	61,491.98	34,551.41	3,351,574.43
Monson (epileptic)	1898	1,467	226	661.79	543.54	118.25	17,645.00	356,781.44	40,521.46	10,871.54	2,329,016.70
Total.		20,756	7,576	8,132.02	5,831.67	2,300.35	\$2,134,602.00	\$4,207,589.39	\$614,559.10	\$245,643.47	\$36,020,655.76
<i>Schools for Mental Defectives:</i>											
Belchertown	1922	1,300	97	774.10	633.60	140.50	\$28,858.00	\$402,077.13	\$54,458.68	\$4,282.57	\$3,186,504.15
Waller E. Fernald	1848	1,884	132	2,051.69	1,770.69	281.00	149,694.00	408,570.85	71,556.83	26,480.28	3,003,055.54
Wrentham	1907	1,900	176	599.00	418.50	180.50	34,252.00	408,223.55	59,739.32	19,295.69	2,312,892.78
Total.		5,084	405	3,424.79	2,822.79	602.00	\$212,804.00	\$1,218,871.53	\$185,754.83	\$50,058.54	\$8,502,452.47
Grand Total		25,840	7,981	11,556.81	8,654.46	2,902.35	\$2,347,406.00	\$5,426,460.92	\$800,313.93	\$295,702.01	\$44,523,108.23

¹During Statistical Year Ending September 30, 1935.²Taken over by State in 1908.³Part of Worcester State Hospital from 1877 to 1915.⁴Valuation as per Section 13 to 17, Chapter 58, General Laws.⁵Valuation by Committee of Comptroller and Representative of Institutional Departments.⁶Valuation as per Regulations of Department of Mental Diseases.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1935 — By Institutions*

INSTITUTIONS	Number Patients Actually in Institutions	Number Total Admissions ¹	NUMBER OF OFFICERS AND EMPLOYEES							NUMBER OF PATIENTS TO EACH			
			Total	Physi- cians	Resident Dentists	Industrial and Educa- tional De- partment	Social Workers	Graduate Nurses	Other Nurses and At- tendants	All Others	Resident Physician	Nurse and At- tendant	Em- ployee
<i>Hospitals for Mental Diseases:</i>													
Boston Psychopathic Hospital	88	1,935	153	10	1	2	6	15	40	79	8.00	1.6	.57
Boston State Hospital	2,325	838	692	16	1	16	5	27	409	218	136.76	5.33	3.35
Danvers State Hospital	2,140	955	502	11	1	7	4	42	266	171	178.00	6.94	4.26
Foxborough State Hospital	1,230	308	294	8	1	6	2	15	144	118	136.00	7.73	4.18
Gardner State Hospital	1,441	155	311	8	1	9	3	10	167	113	160.00	8.14	4.63
Grafton State Hospital	1,443	86	392	9	1	7	1	35	165	174	144.00	7.21	3.68
Medfield State Hospital	1,866	417	448	9	1	8	2	28	229	171	186.00	7.26	4.16
Metropolitan State Hospital	1,493	277	269	6	1	4	2	19	130	107	213.00	10.00	5.55
Northampton State Hospital	1,852	634	420	10	1	3	2	17	244	143	168.00	7.09	4.40
Taunton State Hospital	1,572	576	401	9	1	8	3	39	203	138	157.00	6.49	3.92
Westborough State Hospital	1,508	433	401	10	1	6	2	33	186	163	137.00	6.88	3.76
Worcester State Hospital	2,331	736	588	13	1	5	3	61	278	223	166.00	6.87	3.96
Monson State Hospital (epileptic)	1,467	226	443	8	1	5	2	24	227	176	163.00	5.84	3.31
Total	20,756	7,576	5,314	127	13	90	37	365	2,688	1,994	146.97	6.79	3.90
<i>Schools for Mental Defectives:</i>													
Belchertown State School	1,300	97	293	6	1	21	3	4	162	96	185.00	7.83	4.43
Walter E. Fernald State School	1,884	132	435	8	1	34	3	1	269	119	209.00	6.97	4.33
Wrentham State School	1,900	176	365	7	1	26	2	—	235	94	237.00	8.08	5.20
Total	5,084	405	1,093	21	3	81	8	5	666	309	211.83	7.57	4.65
Grand Total	25,840	7,981	6,407	148	16	171	45	370	3,354	2,303	157.56	6.93	4.03

¹During Statistical Year Ending September 30, 1935.

TABLE C. — *Average Weekly per Capita Costs* for Maintenance and Operation for the Period 1917 to 1935, by Institutions*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923
<i>Hospitals for Mental Diseases:</i>							
Boston Psychopathic Hospital . . .	\$25.95	\$30.91	\$32.29	\$36.90	\$41.84	\$42.38	\$50.92
Boston State Hospital . . .	5.71	7.87	6.22	7.64	7.77	6.80	6.83
Danvers State Hospital . . .	5.61	6.94	5.49	7.24	6.59	6.24	7.09
Foxborough State Hospital . . .	8.36	10.23	8.35	10.60	9.77	9.81	10.48
Gardner State Hospital . . .	5.02	6.13	6.42	6.92	6.70	6.43	6.67
Grafton State Hospital . . .	5.38	6.53	6.12	7.34	6.76	6.50	6.74
Medfield State Hospital . . .	5.49	6.13	6.73	7.29	6.64	5.82	6.55
Metropolitan State Hospital . . .	—	—	—	—	—	—	—
Northampton State Hospital . . .	5.15	5.81	5.91	6.52	6.02	5.92	6.19
Taunton State Hospital . . .	5.57	6.28	6.34	6.65	6.43	6.15	6.69
Westborough State Hospital . . .	6.19	7.34	6.79	8.10	7.18	7.24	7.65
Worcester State Hospital . . .	5.26	5.89	5.66	6.42	6.40	6.13	6.51
Monson State Hospital (epileptic) . . .	5.44	5.54	6.40	7.42	6.72	6.11	6.44
Average per capita cost including Psychopathic . . .	\$5.71	\$6.76	\$6.41	\$7.45	\$7.08	\$6.68	\$7.11
Average per capita cost excluding Psychopathic . . .	\$5.57	\$6.61	\$6.25	\$7.27	\$6.86	\$6.46	\$6.88
<i>Schools for Mental Defectives:</i>							
Belchertown State School . . .	—	—	—	—	—	—	\$3.25
Walter E. Fernald State School . . .	\$4.68	\$5.49	\$6.00	\$6.70	\$7.07	\$6.51	6.70
Wrentham State School . . .	4.57	5.61	5.54	6.95	6.80	6.43	7.34
Average per capita cost . . .	\$4.64	\$5.54	\$5.80	\$6.81	\$6.95	\$6.47	\$7.65
Average per capita cost of all institutions . . .	\$5.54	\$6.56	\$6.31	\$7.34	\$7.06	\$6.64	\$7.20

*This table is figured less sales, but not less paying patients and other receipts.

TABLE C. — *Average Weekly per Capita Costs for Maintenance and Operation for the Period 1917 to 1935, By Institution — Continued*

INSTITUTIONS	1924	1925	1926	1927	1928	1929
<i>Hospitals for Mental Diseases:</i>						
Boston Psychopathic Hospital . . .	\$48.57	\$48.94	\$49.62	\$51.01	\$51.99	\$58.51
Boston State Hospital . . .	6.81	6.73	6.83	6.94	7.00	7.15
Danvers State Hospital . . .	6.52	6.45	6.93	6.80	6.79	7.24
Foxborough State Hospital . . .	9.52	8.27	8.50	8.85	8.08	7.81
Gardner State Hospital . . .	6.42	6.73	6.37	6.64	6.81	6.93
Grafton State Hospital . . .	6.34	7.13	6.36	6.85	6.80	6.98
Medfield State Hospital . . .	6.38	6.36	6.04	6.58	6.55	6.97
Metropolitan State Hospital . . .	—	—	—	—	—	—
Northampton State Hospital . . .	6.00	6.43	6.23	6.41	6.64	6.43
Taunton State Hospital . . .	7.13	6.71	6.56	7.28	7.26	7.38
Westborough State Hospital . . .	7.44	7.36	7.32	8.75	7.78	7.50
Worcester State Hospital . . .	6.58	6.78	6.29	7.03	6.97	7.21
Monson State Hospital (epileptic) . . .	6.77	6.62	6.52	6.85	6.89	6.99
Average per capita cost including Psycho-pathic . . .	\$6.99	\$7.02	\$6.86	\$7.22	\$7.28	\$7.37
Average per capita cost excluding Psycho-pathic . . .	\$6.77	\$6.80	\$6.65	\$7.00	\$7.04	\$7.13
<i>Schools for Mental Defectives:</i>						
Belchertown State School . . .	\$9.19	\$8.06	\$7.86	\$8.03	\$8.02	\$8.42
Walter E. Fernald State School . . .	7.08	6.99	7.16	7.18	7.09	7.09
Wrentham State School . . .	6.79	6.81	6.37	6.76	6.65	7.05
Average per capita cost . . .	\$7.32	\$7.14	\$7.01	\$7.19	\$7.13	\$7.37
Average per capita cost of all institutions . . .	\$7.05	\$7.04	\$6.89	\$7.21	\$7.25	\$7.37

TABLE C. — *Average Weekly per Capita Costs for Maintenance and Operation for the Period 1917 to 1935, By Institution — Concluded*

INSTITUTIONS	1930	1931	1932	1933	1934	1935
<i>Hospitals for Mental Diseases:</i>						
Boston Psychopathic Hospital	\$55.20	\$56.141	\$55.522	\$54.901	\$54.735	\$55.959
Boston State Hospital	7.18	7.054	6.937	6.385	6.551	7.732
Danvers State Hospital	6.97	6.789	6.27	5.584	5.745	6.591
Foxborough State Hospital	7.75	7.526	6.704	5.851	6.288	7.091
Gardner State Hospital	6.95	6.658	6.017	5.468	5.405	6.59
Grafton State Hospital	7.37	7.509	6.623	6.048	6.183	7.553
Medfield State Hospital	6.82	6.605	6.175	5.484	5.569	6.542
Metropolitan State Hospital	—	6.900	5.359	4.842	5.257	6.094
Northampton State Hospital	6.22	6.003	5.421	4.678	5.117	5.81
Taunton State Hospital	7.35	7.002	6.312	5.724	5.80	6.731
Westborough State Hospital	7.32	7.301	6.826	5.788	6.079	7.351
Worcester State Hospital	7.09	6.984	6.493	6.024	6.138	7.066
Monson State Hospital (epileptic)	7.42	6.922	6.248	5.738	6.016	7.028
Average per capita cost including Psychopathic	\$7.33	\$7.137	\$6.508	\$5.849	\$6.04	\$7.071
Average per capita cost excluding Psychopathic	\$6.97	\$6.916	\$6.304	\$5.665	\$5.865	\$6.88
<i>Schools for Mental Defectives:</i>						
Belchertown State School	\$8.03	\$7.807	\$6.546	\$5.599	\$6.047	\$6.832
Walter E. Fernald State School	7.19	7.158	6.661	5.672	5.87	6.683
Wrentham State School	6.62	6.268	5.787	4.919	5.195	5.252
Average per capita cost	\$7.25	\$6.996	\$6.317	\$5.381	\$5.63	\$6.40
Average per capita cost of all institutions	\$7.32	\$7.111	\$6.472	\$5.760	\$5.96	\$6.942

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1935 inclusive*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923
<i>Hospitals for Mental Diseases:</i>							
Boston Psychopathic Hospital	—	—	—	—	.06	2.45	1.55
Boston State Hospital	5.09	4.28	5.24	7.21	7.12	6.97	9.61
Danvers State Hospital	5.71	4.47	7.31	7.49	8.71	11.69	11.02
Foxborough State Hospital	3.08	1.36	1.65	3.97	4.21	4.49	3.95
Gardner State Hospital	1.63	.75	.38	1.32	1.11	1.31	1.59
Grafton State Hospital	2.06	1.52	2.26	2.76	2.59	3.16	2.04
Medfield State Hospital	2.63	2.42	2.02	2.97	3.44	5.57	4.32
Metropolitan State Hospital	—	—	—	—	—	—	—
Northampton State Hospital	6.58	5.63	5.79	10.21	9.23	10.44	8.01
Taunton State Hospital	5.22	3.88	3.68	5.40	6.59	6.82	7.34
Westborough State Hospital	5.39	5.28	5.12	5.05	7.36	6.61	6.67
Worcester State Hospital	4.61	4.85	5.12	7.10	6.37	6.98	6.59
Monson State Hospital (epileptic)	2.35	2.86	2.31	2.06	1.99	2.54	2.15
Average	4.11	3.53	3.88	3.28	5.41	6.21	6.09
<i>Schools for Mental Defectives:</i>							
Belchertown State School	—	—	—	—	—	—	.02
Walter E. Fernald State School	1.07	.78	.64	1.19	1.22	1.64	1.12
Wrentham State School . . . . .	.41	.14	.15	.38	.28	1.40	.43
Average . . . . .	.81	.50	.44	.83	.81	1.53	.66
Grand Average	3.66	3.10	3.35	4.59	4.66	5.48	5.13
Family Care under Department	9.95	6.84	.60	—	—	18.25	—

NOTE: — See tables showing number and percentage paying patients on page 127 for Institutions for the Insane, Feeble-minded and Epileptic, and page 127 for Institutions for the Feeble-minded

TABLE C. — *Average Weekly per Capita Costs for Maintenance and Operation for the Period 1917 to 1935, By Institution — Concluded*

INSTITUTIONS	1930	1931	1932	1933	1934	1935
<i>Hospitals for Mental Diseases:</i>						
Boston Psychopathic Hospital . . .	\$55.20	\$56.141	\$55.522	\$54.901	\$54.735	\$55.959
Boston State Hospital . . .	7.18	7.054	6.937	6.385	6.551	7.732
Danvers State Hospital . . .	6.97	6.789	6.27	5.584	5.745	6.591
Foxborough State Hospital . . .	7.75	7.526	6.704	5.851	6.288	7.091
Gardner State Hospital . . .	6.95	6.658	6.017	5.468	5.405	6.59
Grafton State Hospital . . .	7.37	7.509	6.623	6.048	6.183	7.553
Medfield State Hospital . . .	6.82	6.605	6.175	5.484	5.569	6.542
Metropolitan State Hospital . . .	—	6.900	5.359	4.842	5.257	6.094
Northampton State Hospital . . .	6.22	6.003	5.421	4.678	5.117	5.81
Taunton State Hospital . . .	7.35	7.002	6.312	5.724	5.80	6.731
Westborough State Hospital . . .	7.32	7.301	6.826	5.788	6.079	7.351
Worcester State Hospital . . .	7.09	6.984	6.493	6.024	6.138	7.066
Monson State Hospital (epileptic) . .	7.42	6.922	6.248	5.738	6.016	7.028
Average per capita cost including Psychopathic . . .	\$7.33	\$7.137	\$6.508	\$5.849	\$6.04	\$7.071
Average per capita cost excluding Psychopathic . . .	\$6.97	\$6.916	\$6.304	\$5.665	\$5.865	\$6.88
<i>Schools for Mental Defectives:</i>						
Belchertown State School . . .	\$8.03					
Walter E. Fernald State School . . .	7.19					
Wrentham State School . . .	6.62					
Average per capita cost . . .	\$7.25					
Average per capita cost of all institutions . . .	\$7.32					

The net weekly per capita cost for the Wrentham State School should be \$5.808

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1935 inclusive*

INSTITUTIONS	1917	1918	1919	1920	1921	1922	1923
<i>Hospitals for Mental Diseases:</i>							
Boston Psychopathic Hospital . . .	—	—	—	—	.06	2.45	1.55
Boston State Hospital . . .	5.09	4.28	5.24	7.21	7.12	6.97	9.61
Danvers State Hospital . . .	5.71	4.47	7.31	7.49	8.71	11.69	11.02
Foxborough State Hospital . . .	3.08	1.36	1.65	3.97	4.21	4.49	3.95
Gardner State Hospital . . .	1.63	.75	.38	1.32	1.11	1.31	1.59
Grafton State Hospital . . .	2.06	1.52	2.26	2.76	2.59	3.16	2.04
Medfield State Hospital . . .	2.63	2.42	2.02	2.97	3.44	5.57	4.32
Metropolitan State Hospital . . .	—	—	—	—	—	—	—
Northampton State Hospital . . .	6.58	5.63	5.79	10.21	9.23	10.44	8.01
Taunton State Hospital . . .	5.22	3.88	3.68	5.40	6.59	6.82	7.34
Westborough State Hospital . . .	5.39	5.28	5.12	5.05	7.36	6.61	6.67
Worcester State Hospital . . .	4.61	4.85	5.12	7.10	6.37	6.98	6.59
Monson State Hospital (epileptic) . .	2.35	2.86	2.31	2.06	1.99	2.54	2.15
Average . . .	4.11	3.53	3.88	3.28	5.41	6.21	6.09
<i>Schools for Mental Defectives:</i>							
Belchertown State School . . .	—	—	—	—	—	—	.02
Walter E. Fernald State School . . .	1.07	.78	.64	1.19	1.22	1.64	1.12
Wrentham State School . . .	.41	.14	.15	.38	.28	1.40	.43
Average . . .	.81	.50	.44	.83	.81	1.53	.66
Grand Average . . .	3.66	3.10	3.35	4.59	4.66	5.48	5.13
Family Care under Department . . .	9.95	6.84	.60	—	—	18.25	—

NOTE: — See tables showing number and percentage paying patients on page 127 for Institutions for the Insane, Feeble-minded and Epileptic, and page 127 for Institutions for the Feeble-minded

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1935 inclusive* — Continued

INSTITUTIONS	1924	1925	1926	1927	1928	1929
<i>Hospitals for Mental Diseases:</i>						
Boston Psychopathic Hospital	3.68	2.05	1.46	1.06	1.79	.61
Boston State Hospital	11.39	7.63	15.27	15.26	13.95	12.05
Danvers State Hospital	14.72	12.32	22.76	24.04	23.36	19.34
Foxborough State Hospital	7.17	6.29	11.89	11.65	13.18	13.73
Gardner State Hospital	4.68	2.89	6.82	7.70	7.38	8.79
Grafton State Hospital	5.13	1.98	3.56	4.55	3.58	3.76
Medfield State Hospital	9.54	4.48	6.18	6.77	7.63	6.26
Metropolitan State Hospital	—	—	—	—	—	—
Northampton State Hospital	14.84	13.15	30.10	28.72	25.83	25.86
Taunton State Hospital	10.64	8.36	16.24	15.81	14.58	12.28
Westborough State Hospital	11.32	11.18	31.31	31.62	30.32	30.35
Worcester State Hospital	11.81	6.62	14.53	13.57	13.74	12.00
Monson State Hospital (epileptic)	3.32	4.82	6.28	7.29	7.24	5.70
Average	9.75	7.12	14.78	14.82	14.36	13.12
<i>Schools for Mental Defectives:</i>						
Belchertown State School . . . . .	.20	.36	1.72	1.59	2.39	1.95
Walter E. Fernald State School	1.82	2.17	4.20	4.33	5.51	4.03
Wrentham State School . . . . .	.46	1.04	1.46	1.89	2.94	2.35
Average	1.01	1.33	2.73	2.87	3.90	2.93
Grand Average	8.16	6.08	12.57	12.66	12.49	11.27
Family Care under Department	4.21	23.67	6.30	4.59	4.26	5.54

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917 to 1935 inclusive* — Concluded

INSTITUTIONS	1930	1931	1932	1933	1934	1935
<i>Hospitals for Mental Diseases:</i>						
Boston Psychopathic Hospital . . . . .	.59	.87	.16	4.08	3.38	3.58
Boston State Hospital	12.21	13.04	10.34	11.45	10.65	10.68
Danvers State Hospital	19.55	17.83	17.31	17.23	15.92	14.33
Foxborough State Hospital	14.30	14.10	13.36	15.17	12.10	11.38
Gardner State Hospital	9.19	7.49	7.62	7.66	6.21	5.50
Grafton State Hospital	4.22	2.84	3.19	4.95	4.75	4.45
Medfield State Hospital	6.02	5.92	7.25	6.97	8.72	5.71
Metropolitan State Hospital	—	8.96	11.01	9.92	8.66	7.90
Northampton State Hospital	23.18	24.21	22.87	22.06	19.34	17.70
Taunton State Hospital	13.17	12.67	12.49	12.63	12.24	8.87
Westborough State Hospital	29.45	30.14	25.41	28.27	23.59	19.59
Worcester State Hospital	12.28	11.75	10.83	10.60	9.40	8.50
Monson State Hospital (epileptic)	4.86	4.78	4.67	4.21	4.37	3.13
Average	12.99	12.53	11.86	12.49	11.25	9.77
<i>Schools for Mental Defectives:</i>						
Belchertown State School	1.85	1.51	1.64	1.74	1.37	1.75
Walter E. Fernald State School	3.82	2.88	2.94	4.41	4.09	2.58
Wrentham State School	2.62	2.61	2.25	2.06	2.39	2.87
Average	2.90	2.42	2.35	2.90	2.76	2.45
Grand Average	11.16	10.67	10.15	10.78	9.70	8.47
Family Care under Department	3.65	—	—	6.12	—	—

TABLE E. — *Percentage of Total Net Expenditures by the State Expended for the Care of Mental Diseases, Mental Defectives, and Epileptics* from 1913 to 1935*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR	Total Expended by the State	Total Expended for Care of Insane, Feeble-minded and Epileptic	Percentage
1913	\$24,543,221.70	\$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62
1930	64,150,582.95	12,728,067.23	19.84
1931	75,282,580.95	12,408,228.22	16.48
1932	77,971,941.54	11,495,403.21	14.74
1933	64,091,084.85	8,921,067.31	13.92
1934	71,570,396.94	10,684,191.91	14.93
1935	83,034,847.94	14,314,064.13	17.33

*Includes Department Institutions, Mental Wards at Tewksbury, Bridgewater State Hospital and Patients Boarded Out by Department.

NOTE: — The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available for, prior to 1918, the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as prior to this year many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

TABLE F. — *Number of Patients in State Institutions for the Insane, Feeble-minded, and Epileptic, and Overcrowding, September 30, 1935*

INSTITUTIONS	Capacity	Patients in Institutions	OVERCROWDING	
			Number	Percent- age
<i>State Hospitals</i>				
Worcester State Hospital	2,218	2,226	8	.36
Taunton State Hospital	1,160	1,641	481	41.46
Northampton State Hospital	1,666	1,878	212	12.72
Danvers State Hospital	1,835	2,201	366	19.94
Westborough State Hospital	1,285	1,495	210	16.34
Boston State Hospital	2,008	2,279	271	13.49
Boston Psychopathic Hospital	109	73	-36	-33.02
Grafton State Hospital	1,294	1,373	79	6.10
Medfield State Hospital	1,608	1,847	239	14.86
Gardner State Hospital	1,213	1,336	123	10.14
Foxborough State Hospital	1,119	1,249	130	11.61
Metropolitan State Hospital	1,333	1,513	180	13.50
Total	16,848	19,111	2,263	13.43
Monson State Hospital (epileptic)	1,147	1,476	329	28.68
Total State Hospitals and Monson	17,995	20,587	2,592	14.40
<i>State Schools</i>				
Belchertown State School	1,100	1,287	187	17.00
Walter E. Fernald State School	1,538	1,839	301	19.57
Wrentham State School	1,361	1,883	522	38.35
Total	3,999	5,009	1,010	25.25
Aggregate All D.M.D. Institutions	21,994	25,596	3,602	16.37
Bridgewater	908	903	-5	-.55
Tewksbury	603	543	-60	-9.95
Grand Total All Institutions	23,505	27,042	3,537	15.04

NOTE: — Minus sign indicates number or percentage below capacity.

TABLE C. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1935, Inclusive*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percent-age
1905				
State Hospitals	8,552	8,552	—	—
Monson Hospital — Epileptic	462	521	59	12.77
State Hospitals and Monson	9,014	9,073	59	.65
Bridgewater and State Infirmary	1,022	998	-24	-2.34
State Schools	1,002	1,028	26	2.59
Total	11,038	11,099	61	.55
1906				
State Hospitals	8,873	8,618	-255	-2.87
Monson Hospital — Epileptic	591	531	-60	-10.15
State Hospitals and Monson	9,464	9,149	-315	-3.32
Bridgewater and State Infirmary	1,225	1,088	-137	-11.18
State Schools	1,262	1,120	-142	-11.25
Total	11,951	11,357	-594	-4.97
1907				
State Hospitals	9,351	8,853	-498	-5.32
Monson Hospital — Epileptic	699	570	-129	-18.45
State Hospitals and Monson	10,050	9,423	-627	-6.23
Bridgewater and State Infirmary	1,316	1,179	-137	-10.41
State Schools	1,272	1,228	-44	-3.45
Total	12,638	11,830	-808	-6.39
1908				
State Hospitals	9,356	9,503	147	1.57
Monson Hospital — Epileptic	699	686	-13	-1.85
State Hospitals and Monson	10,055	10,189	134	1.33
Bridgewater and State Infirmary	1,321	1,271	-50	-3.78
State Schools	1,312	1,332	20	1.52
Total	12,688	12,792	104	.81
1909				
State Hospitals	9,534	9,961	427	4.47
Monson Hospital — Epileptic	699	695	-4	-.57
State Hospitals and Monson	10,233	10,656	423	4.13
Bridgewater and State Infirmary	1,334	1,338	4	.29
State Schools	1,582	1,443	-139	-8.78
Total	13,149	13,437	288	2.19
1910				
State Hospitals	9,627	10,364	737	7.65
Monson Hospital — Epileptic	853	770	-83	-9.73
State Hospitals and Monson	10,480	11,134	654	6.24
Bridgewater and State Infirmary	1,335	1,428	93	6.96
State Schools	1,690	1,567	-123	-7.27
Total	13,505	14,129	624	4.62
1911				
State Hospitals	10,346	10,634	288	2.78
Monson Hospital — Epileptic	853	851	-2	-.23
State Hospitals and Monson	11,199	11,485	286	2.55
Bridgewater and State Infirmary	1,413	1,487	74	5.23
State Schools	1,820	1,642	-178	-9.78
Total	14,432	14,614	182	1.26
1912				
State Hospitals	10,612	11,087	475	4.47
Monson Hospital — Epileptic	853	887	34	3.98
State Hospitals and Monson	11,465	11,974	509	4.43
Bridgewater and State Infirmary	1,471	1,507	36	2.44
State Schools	1,820	1,845	25	1.37
Total	14,756	15,326	570	3.86

NOTE: — Minus sign indicates number or percentage below capacity.

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905–1935, Inclusive* — Continued

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percent-age
1913				
State Hospitals	11,128	11,430	302	2.71
Monson Hospital — Epileptic	853	922	69	8.08
State Hospitals and Monson	11,981	12,352	371	3.09
Bridgewater and State Infirmary	1,491	1,510	19	1.27
State Schools	2,063	1,920	-143	-6.93
Total	15,535	15,782	247	1.58
1914				
State Hospitals	11,279	11,713	434	3.84
Monson Hospital — Epileptic	976	963	-13	-1.33
State Hospitals and Monson	12,255	12,676	421	3.43
Bridgewater and State Infirmary	1,491	1,526	35	2.34
State Schools	2,088	2,194	106	5.07
Total	15,834	16,396	562	3.54
1915				
State Hospitals	11,489	12,240	751	6.53
Monson Hospital — Epileptic	968	1,015	47	4.85
State Hospitals and Monson	12,457	13,255	798	6.40
Bridgewater and State Infirmary	1,491	1,531	40	2.68
State Schools	2,488	2,309	-179	-7.19
Total	16,436	17,095	659	4.00
1916				
State Hospitals	11,699	12,505	806	6.88
Monson Hospital — Epileptic	967	993	26	2.68
State Hospitals and Monson	12,666	13,498	832	6.56
Bridgewater and State Infirmary	1,491	1,556	65	4.35
State Schools	2,628	2,582	-46	-1.75
Total	16,785	17,636	851	5.07
1917				
State Hospitals	11,940	12,831	891	7.46
Monson Hospital — Epileptic	967	1,042	75	7.75
State Hospitals and Monson	12,907	13,873	966	7.48
Bridgewater and State Infirmary	1,491	1,561	70	4.69
State Schools	2,718	2,673	-45	-1.65
Total	17,116	18,107	991	5.78
1918				
State Hospitals	11,988	12,961	973	8.11
Monson Hospital — Epileptic	967	954	-13	-1.34
State Hospitals and Monson	12,955	13,915	960	7.41
Bridgewater and State Infirmary	1,491	1,561	70	4.69
State Schools	2,718	2,763	45	1.65
Total	17,164	18,239	1,075	6.26
1919				
State Hospitals	12,233	12,968	735	6.00
Monson Hospital — Epileptic	967	922	-45	-4.65
State Hospitals and Monson	13,200	13,890	690	5.22
Bridgewater and State Infirmary	1,491	1,327	-164	-10.99
State Schools	2,823	2,739	-84	-2.97
Total	17,514	17,956	442	2.52
1920				
State Hospitals	12,593	13,204	611	4.85
Monson Hospital — Epileptic	967	960	-7	-.72
State Hospitals and Monson	13,560	14,164	604	4.45
Bridgewater and State Infirmary	1,508	1,522	14	.92
State Schools	2,823	2,820	-3	-.10
Total	17,891	18,506	615	3.43

NOTE: — Minus sign indicates number or percentage below capacity.

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905–1935, Inclusive* — Continued

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percent-age
1921				
State Hospitals	12,626	13,829	1,203	9.52
Monson Hospital — Epileptic	967	1,036	69	7.13
State Hospitals and Monson	13,593	14,865	1,272	9.35
Bridgewater and State Infirmary	1,581	1,563	-18	-1.13
State Schools	2,823	2,941	118	4.17
Total	17,997	19,369	1,372	7.62
1922				
State Hospitals	12,781	14,108	1,327	10.38
Monson Hospital — Epileptic	967	1,113	146	15.09
State Hospitals and Monson	13,748	15,221	1,473	10.71
Bridgewater and State Infirmary	1,581	1,589	8	.50
State Schools	2,823	2,849	26	.92
Total	18,152	19,659	1,507	8.30
1923				
State Hospitals	13,073	14,374	1,301	9.95
Monson Hospital — Epileptic	967	1,089	122	12.61
State Hospitals and Monson	14,040	15,463	1,423	10.13
Bridgewater and State Infirmary	1,581	1,588	7	.44
State Schools	3,498	3,239	-259	-7.40
Total	19,119	20,290	1,171	6.12
1924				
State Hospitals	13,160	14,686	1,526	11.59
Monson Hospital — Epileptic	967	1,159	192	19.85
State Hospitals and Monson	14,127	15,845	1,718	12.16
Bridgewater and State Infirmary	1,581	1,670	89	5.62
State Schools	3,498	3,460	-38	-1.08
Total	19,206	20,975	1,769	9.21
1925				
State Hospitals	13,343	15,156	1,813	13.58
Monson Hospital — Epileptic	967	1,182	215	22.23
State Hospitals and Monson	14,310	16,338	2,028	14.17
Bridgewater and State Infirmary	1,581	1,652	71	4.49
State Schools	3,498	3,593	95	2.71
Total	19,389	21,583	2,194	11.31
1926				
State Hospitals	13,542	15,306	1,764	13.02
Monson Hospital — Epileptic	967	1,160	193	19.95
State Hospitals and Monson	14,509	16,466	1,957	13.48
Bridgewater and State Infirmary	1,581	1,683	102	6.45
State Schools	3,498	3,660	162	4.63
Total	19,588	21,809	2,221	11.33
1927				
State Hospitals	14,240	15,659	1,419	9.96
Monson Hospital — Epileptic	967	1,211	244	25.23
State Hospitals and Monson	15,207	16,870	1,663	10.93
Bridgewater and State Infirmary	1,581	1,727	146	9.23
State Schools	3,498	3,787	289	8.26
Total	20,286	22,384	2,098	10.34
1928				
State Hospitals	14,482	16,055	1,573	10.86
Monson Hospital — Epileptic	967	1,214	247	25.54
State Hospitals and Monson	15,449	17,269	1,820	11.78
Bridgewater and State Infirmary	1,581	1,728	147	9.29
State Schools	3,550	3,912	361	10.16
Total	20,580	22,909	2,328	11.31

NOTE: — Minus sign indicates number and percentage below capacity.

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1935, Inclusive — Concluded*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percentage
1929				
State Hospitals	14,580	16,425	1,845	12.65
Monson Hospital — Epileptic	1,037	1,241	204	19.67
State Hospitals and Monson	15,617	17,666	2,049	13.12
Bridgewater and State Infirmary	1,581	1,725	144	9.10
State Schools	3,654	3,941	287	7.85
Total	20,852	23,332	2,480	11.89
1930				
State Hospitals	14,689	16,809	2,120	14.43
Monson Hospital — Epileptic	1,131	1,290	159	14.05
State Hospitals and Monson	15,820	18,099	2,279	14.40
Bridgewater and State Infirmary	1,581	1,749	168	10.62
State Schools	3,866	4,159	293	7.57
Total	21,267	24,007	2,740	12.88
1931				
State Hospitals	16,171	17,474	1,303	8.05
Monson Hospital — Epileptic	1,131	1,340	209	18.47
State Hospitals and Monson	17,302	18,814	1,512	8.73
Bridgewater and State Infirmary	1,581	1,632	51	3.22
State Schools	4,061	4,412	351	8.64
Total	22,944	24,858	1,914	8.34
1932				
State Hospitals	16,372	17,859	1,487	9.08
Monson Hospital — Epileptic	1,171	1,396	225	19.21
State Hospitals and Monson	17,543	19,255	1,712	9.75
Bridgewater and State Infirmary	1,511	1,601	90	5.95
State Schools	4,297	4,566	269	6.26
Total	23,351	25,422	2,071	8.86
1933				
State Hospitals	16,612	18,263	1,651	9.93
Monson Hospital — Epileptic	1,059	1,412	353	33.33
State Hospitals and Monson	17,671	19,675	2,004	11.34
Bridgewater and State Infirmary	1,511	1,543	32	2.11
State Schools	3,893	4,771	878	22.55
Total	23,075	25,989	2,914	12.62
1934				
State Hospitals	16,612	18,638	2,026	12.19
Monson Hospital — Epileptic	1,059	1,453	394	37.20
State Hospitals and Monson	17,671	20,091	2,420	13.69
Bridgewater and State Infirmary	1,511	1,488	-23	-1.52
State Schools	3,893	4,933	1,040	26.71
Total	23,075	26,512	3,437	14.89
1935				
State Hospitals	16,848	19,111	2,263	13.43
Monson Hospital — Epileptic	1,147	1,476	329	28.68
State Hospitals and Monson	17,995	20,587	2,592	14.40
Bridgewater and State Infirmary	1,511	1,446	-65	-4.30
State Schools	3,999	5,009	1,010	25.25
Total	23,505	27,042	3,537	15.04

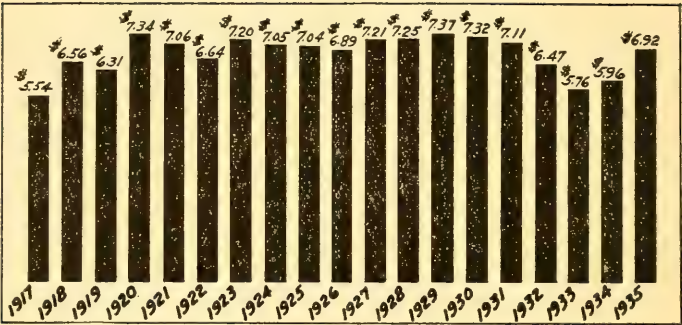
NOTE: — Minus sign indicates number or percentage below capacity.

TABLE H. — *Paying Patients, Number and Percent in State Hospitals on September 30, 1904-1935, Inclusive*¹

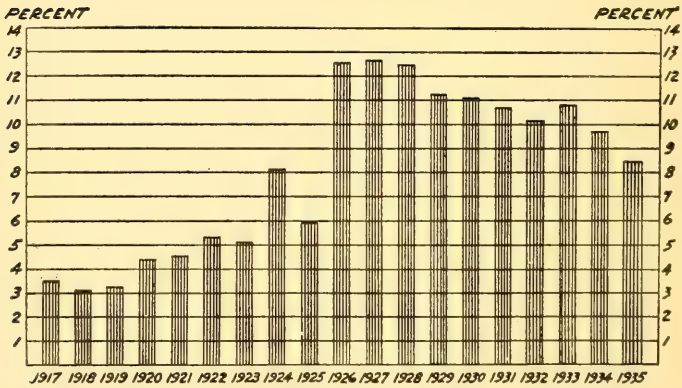
YEAR	Number of Patients in Institutions	Number of Paying Patients	Percentage of Resident Patients
1904	10,100	1,189	11.7
1905	10,071	1,217	12.1
1906	10,237	1,299	12.7
1907	10,602	1,300	12.3
1908	11,460	1,390	12.1
1909	11,994	1,488	12.4
1910	12,562	1,462	11.6
1911	12,972	1,521	11.3
1912	13,481	1,585	11.8
1913	13,949	1,603	11.5
1914	14,202	1,503	10.6
1915	14,786	1,506	10.2
1916	15,054	1,535	10.2
1917	15,434	1,512	9.8
1918	15,476	1,595	10.3
1919	15,217	1,548	10.2
1920	15,678	1,526	9.7
1921	16,428	1,683	10.2
1922	16,810	1,604	9.4
1923	17,051	1,985	11.6
1924	17,515	1,916	10.9
1925	17,990	2,051	11.4
1926	18,149	2,194	12.1
1927	18,573	2,282	12.3
1928	18,997	2,336	12.2
1929	19,391	2,345	12.0
1930	19,848	2,361	11.0
1931	20,446	2,310	11.2
1932	20,856	2,219	10.6
1933	21,218	2,156	10.1
1934	21,579	2,066	9.5
1935	22,033	1,998	9.0

¹Includes Mental Wards, Tewksbury, and Bridgewater.TABLE J. — *Paying Patients, Number and Percent in State Schools on September 30, 1904-1935, Inclusive*

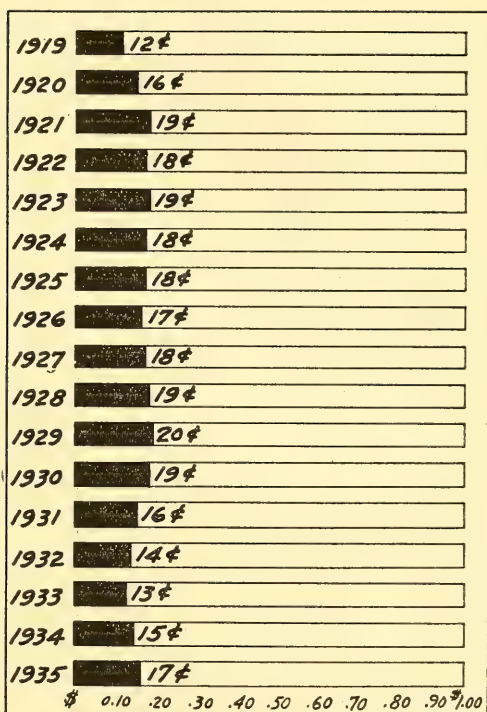
YEAR	Number of Patients in Schools	Number of Paying Patients	Percentage of Resident Patients
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	174	4.4
1929	3,941	151	3.8
1930	4,159	186	4.4
1931	4,412	192	4.3
1932	4,566	186	4.0
1933	4,771	192	4.0
1934	4,993	197	3.9
1935	5,009	199	3.9



GRAPH A — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE, 1917 TO 1935



GRAPH B. — PER CENT OF COST OF MAINTENANCE FOR ALL PATIENTS, COLLECTED FROM PAYING PATIENTS, 1917 TO 1935



GRAPH C. — PORTION OF EVERY STATE DOLLAR
EXPENDED ON MENTAL DISEASES, 1919 TO 1935

STATISTICAL REVIEW

MENTAL DISEASES

Section A. General Discussion of All Classes under Treatment in Mental Hospitals, 1935, and Previous years

Section A is devoted to a general discussion of all classes under treatment and presents material in reference to the care of mental patients in Massachusetts for the years 1904-1935. Other items of general interest are outlined.

TABLE 1. — *Patients of All Classes under Treatment in Institutions on September 30, 1935*

INSTITUTIONS	Total All Forms	With Psychoses	WITHOUT PSYCHOSES				
			Epileptic and Mentally Defective	Epileptic	Mentally Defective	Borderline or Dull ¹	Other Groups
<i>Mental Hospitals</i>							
Boston State	2,279	2,260	—	—	7	—	12
Boston Psychopathic	73	55	—	2	3	—	13
Danvers	2,201	2,190	—	1	—	—	10
Foxborough	1,249	1,244	—	—	4	—	1
Gardner	1,336	1,287	—	1	40	—	8
Grafton	1,373	1,370	—	—	1	—	2
Medfield	1,847	1,845	—	—	1	—	1
Metropolitan	1,513	1,497	—	—	—	—	16
Northampton	1,878	1,849	—	—	22	—	7
Taunton	1,641	1,640	—	—	—	—	1
Westborough	1,495	1,487	—	—	1	—	7
Worcester	2,226	2,210	—	—	5	—	11
Monson (Epileptic)	1,476	546	840	48	14	—	28
Total	20,587	19,480	840	52	98	—	117
<i>State Schools</i>							
Belchertown	1,287	—	23	1	1,232	31	—
Walter E. Fernald	1,839	—	65	—	1,734	40	—
Wrentham	1,883	—	111	—	1,702	70	—
Total	5,009	—	199	1	4,668	141	—
<i>Other Public Institutions</i>							
Mental Wards (State In- firmary)	543	531	—	—	12	—	—
Bridgewater	903	874	—	1	22	—	6
Infirmaries	252	112	—	37	103	—	—
Hospital Cottages for Chil- dren	121	—	—	35	56	—	30
Total	1,819	1,517	—	73	193	—	36
<i>Private and Governmental Institutions</i>							
McLean Hospital	206	197	—	2	—	—	7
Vet. Admin. Facility No. 95 . .	636	630	—	—	1	—	5
Vet. Admin. Facility No. 107 .	839	837	—	—	—	—	2
Eighteen other private in- stitutions	330	160	—	6	84	—	80
Total	2,011	1,824	—	8	85	—	94
Total — All Classes under Treatment	29,426	22,821	1,039	134	5,044	141	247

¹Patients not mentally defective.

ALL CLASSES UNDER TREATMENT, 1935

Table 1 shows the total number of patients of all classes under treatment in public and private institutions on September 30, 1935, and comprises cases actually within institutions.

There were 29,426 patients of all classes under treatment in institutions (both public and private) on September 30, 1935. Compared with the population of Massachusetts as of January 1, 1935*, this makes a rate of 676 patients under treatment for each 100,000 in the general population, or approximately one person

*Massachusetts Decennial Census, January 1, 1935 — 4,350,910.

in 147. Of this total number, 22,821 (77.5 per cent) were insane; 1,039 (3.5 per cent) were both epileptic and mentally defective; 134 (.4 per cent) were epileptic; 5,044 (17.1 per cent) were mentally defective; 141 (.5 per cent) were borderline or dull admissions; and 247 (.8 per cent) were classified as "other groups without psychoses".

The total number under care in public institutions was 27,415 or 93.2 per cent. The total number under care in private institutions was 2,011 or 6.8 per cent.

During the last statistical year the number of patients under treatment increased from a total of 28,952 on September 30, 1934 to a total of 29,426 on September 30, 1935, an increase of 474 patients. Those under care in private institutions showed an increase of 95 patients during the year.

(a) *The Mentally Ill*

The total cases held as insane in institutions on September 30, 1935, numbered 22,821. This is at the rate of 524 per 100,000 of the population of the State, or one to every 190 of the population.

The total insane in state institutions numbered 20,997, a rate of 482 per 100,000 of the population of the State, or one to every 207 of the population. There was an increase over the previous year of 411 in the insane actually within public institutions.

The total insane under private care increased 78 as compared with an increase of 92 for the year 1934.

(b) *The Epileptic and Mentally Defective*

There were 1,039 patients who were both epileptic and mentally defective under treatment in public institutions at the end of the year. Eight hundred and forty, or 80 per cent of these were at the Monson State Hospital for Epileptics. One hundred and ninety-nine patients at the three State schools had epilepsy in addition to their mental defect. The rate per 100,000 of the population for this group is 24

(c) *The Epileptic Sane*

The epileptic population not classified as insane numbered 134, most of whom were cared for in public institutions. The rate for this group is 3 per 100,000 of the population of the State, or one out of every 33,333 of the population.

(d) *The Mentally Defective*

There were 85 mentally defective cases in private institutions and 4,959 cases in public institutions, making a total of 5,044 cases in both public and private institutions. This is at the rate of 115 per 100,000 of the population of the State, or one out of every 869 of the population. There was a decrease of 110 for the year as compared with an increase of 218 for the previous year.

(e) *Borderline or Dull*

One hundred and forty-one cases were classified as "borderline" or "dull" during the last statistical year. These comprise children who were admitted to State schools for the mentally defective. The rate for this group is 3 per 100,000 of the general population.

(f) *Other Groups Without Psychoses*

Patients in both public and private institutions classified under "other groups without psychoses" numbered 247, with 153 or 61.9 per cent of this number in public institutions, and 94 or 38.1 per cent in private institutions. The rate for this class as a whole is 5 admissions per each 100,000 of the general population of the State. In the above group are included such cases as alcoholism, drug addiction, psychopathic personality, or other cases admitted to hospitals but not included in sections (b), (c), (d) or (e) above.

TABLE 2. — *Patients on Books of All Public, Private and Governmental Institutions September 30, 1904-1935 and Annual Increase*

YEAR	TOTAL			STATE HOSPITALS ¹			STATE SCHOOLS			PRIVATE INSTITUTIONS			
	Number	Annual Increase		Number	Annual Increase		Number	Annual Increase		FOR INSANE, INEBRIATES, ETC.		MENTALLY DEFECTIVE	
										Number	Annual Increase	Number	Annual Increase
1904.	11,705	1,018	.	10,330	964	.	847	47	.	448	15	80	-8
1905.	12,495	790	.	10,931	601	.	1,028	181	.	459	11	77	-3
1906.	13,159	664	.	11,481	550	.	1,120	92	.	482	23	76	-1
1907.	13,602	443	.	11,816	335	.	1,228	108	.	481	-1	77	1
1908.	14,440	838	.	12,534	718	.	1,332	104	.	500	19	74	-3
1909.	15,107	667	.	13,079	545	.	1,443	111	.	512	12	73	-1
1910.	15,996	889	.	13,751	672	.	1,654	211	.	511	-1	80	7
1911.	16,859	863	.	14,503	752	.	1,772	118	.	490	-21	94	14
1912.	17,640	781	.	15,053	550	.	1,985	213	.	504	14	98	4
1913.	18,396	756	.	15,746	693	.	2,049	64	.	511	7	90	-8
1914.	18,414	18	.	15,552	-194 ³	.	2,366	317	.	429	-82	67	-23
1915.	19,196	782	.	16,223	671	.	2,471	105	.	440	11	62	-5
1916.	20,103	1,007	.	16,808	585	.	2,873	402	.	462	22	60	-2
1917.	20,559	456	.	17,182	374	.	2,947	74	.	471	9	59	-1
1918.	21,510	851	.	17,711	529	.	3,115	168	.	520	49	164	105
1919.	21,578	68	.	17,700	-11	.	3,219	104	.	500	-20	159	-5
1920.	21,716	138	.	17,911	211	.	3,163	-56	.	481	-19	161	2
1921.	22,556	840	.	18,515	604	.	3,375	212	.	529	48	137	-24
1922.	23,199	643	.	19,255	740	.	3,315	-60	.	497	-32	132	-5
1923.	23,964	765	.	19,553	298	.	3,762	447	.	503	6	146	14
1924.	24,897	933	.	19,836	283	.	4,075	313	.	836	333	150	4
1925.	25,565	668	.	20,302	466	.	4,125	50	.	989	153	149	-1
1926.	25,646	81	.	20,379	77	.	4,145	20	.	965	-24	157	8
1927.	25,911	265	.	20,615	236	.	4,162	17	.	975	10	165	8
1928.	26,802	891	.	20,996	381	.	4,304	142	.	367 ²	367	170	5
1929.	27,289	477	.	21,359	363	.	4,363	59	.	1,340	-2	227	57
1930.	28,461	1,172	.	22,103	744	.	4,557	194	.	1,599	259	202	-25
1931.	29,206	745	.	22,453	350	.	4,815	258	.	1,753	154	185	-17
1932.	29,918	712	.	23,022	569	.	4,957	142	.	1,748	-5	191	6
1933.	30,872	954	.	23,606	584	.	5,202	245	.	1,889	141	175	-16
1934.	31,501	629	.	23,872	266	.	5,410	208	.	2,026	137	193	18
1935.	32,213	712	.	24,450	578	.	5,444	34	.	2,114	88	205	12
Average — 32 Years		(672)	.		(471)	.		(145)	.		(52)		(3)

¹Includes Bridgewater, Tewksbury and Insane Patients in Family Care under the Department.²Increase largely due to Veterans' Administration Facility No. 107 becoming a licensed institution August 11, 1928.³Minus sign indicates decrease.

TABLE 3. — *Total Patients Within All Public, Private and Governmental Institutions September 30, 1904-1935: Rates per 100,000 Estimated State Population, and Annual Increase.*¹

YEAR	TOTAL			STATE HOSPITALS ²			STATE SCHOOLS			PRIVATE INSTITUTIONS FOR INSANE, INEBRIATES, ETC.			MENTALLY DEFECTIVE	
	Number	Rate per 100,000	Annual Increase	Number	Rate per 100,000	Annual Increase	Number	Rate per 100,000	Annual Increase	Number	Rate per 100,000	Annual Increase	Number	Rate per 100,000
1904	10,948	361.3	858	9,666	319.0	897	847	28.0	47	256	8.4	-70	179	5.9
1905	11,536	373.9	589	10,071	326.4	405	1,028	33.3	181	260	8.4	4	177	5.7
1906	11,805	375.7	269	10,237	325.8	166	1,120	35.6	92	277	8.8	17	171	5.4
1907	12,302	384.7	497	11,602	331.5	365	1,228	38.4	108	307	9.6	30	165	5.2
1908	13,277	408.0	975	11,460	352.2	858	1,332	40.9	104	325	10.0	18	160	5.0
1909	13,943	421.2	666	11,994	362.3	534	1,443	43.6	111	339	10.2	14	167	5.0
1910	14,646	435.1	703	12,562	373.2	568	1,567	46.5	124	336	10.0	5	181	5.4
1911	15,129	443.0	483	12,972	379.9	410	1,642	48.0	75	341	10.0	21	162	4.7
1912	15,850	457.6	721	13,481	389.2	509	1,845	53.3	203	362	10.5	5	174	5.1
1913	16,820	472.4	1,083	13,861	394.7	381	1,922	54.7	77	366	10.4	4	162	4.6
1914	17,395	482.0	575	14,202	398.9	340	2,194	61.6	272	357	10.0	-9	67	1.9
1915	18,069	494.0	674	14,657	406.1	455	2,309	64.0	115	367	10.2	10	62	1.7
1916	18,612	502.1	543	15,054	411.5	397	2,582	70.6	173	373	10.2	6	60	1.6
1917	18,951	504.7	339	15,434	416.4	380	2,673	72.1	91	446	12.0	73	59	1.6
1918	18,811	494.5	-140 ³	15,476	412.1	42	2,763	73.6	90	491	13.1	45	221	5.9
1919	19,177	497.8	366	15,409	405.1	-67	2,739	72.0	-24	452	11.9	-39	211	5.5
1920	20,041	514.9	864	15,686	407.2	277	2,820	75.2	81	453	11.8	1	218	5.7
1921	20,271	515.6	230	16,810	427.5	382	2,941	75.0	121	485	12.5	32	187	4.8
1922	20,916	526.6	645	17,051	429.3	324	2,849	72.5	-92	443	11.3	-42	169	4.3
1923	21,940	547.0	1,024	17,515	436.6	461	3,239	81.6	390	452	11.4	9	174	4.4
1924	22,645	559.0	705	17,990	444.1	475	3,460	86.3	221	787	19.6	335	178	4.4
1925	22,876	559.2	231	18,149	443.7	159	3,593	88.7	133	895	22.1	108	167	4.1
1926	23,492	568.8	616	18,597	455.6	448	3,660	89.4	67	890	21.8	-5	177	4.3
1927	24,362	584.2	870	18,997	455.6	400	3,787	91.7	127	914	22.1	24	194	4.7
1928	24,877	590.9	515	19,391	460.6	394	3,912	93.8	125	1,267 ⁴	30.4	353	186	4.5
1929	25,675	604.2	798	19,848	467.1	457	4,159	97.6	29	1,322	31.4	55	223	5.3
1930	26,646	621.2	971	20,446	476.7	598	4,412	102.8	218	1,468	34.5	146	200	4.7
1931	27,179	627.8	533	20,856	481.8	514	4,566	105.4	253	1,603	37.4	135	203	4.7
1932	27,893	638.5	714	21,218	485.7	362	4,771	109.2	154	1,568	36.2	-35	185	4.3
1933	28,532	647.2	639	21,579	489.5	361	4,933	111.9	205	1,719	39.3	151	189	4.4
1934	29,172	670.4	640	22,033	506.3	454	5,009	115.1	162	1,831	41.5	112	189	4.3
1935									76	1,927	44.2	96	203	4.6
Average — 32 Years			(596)			(414)			(131)			(50)		(.02)

¹Population estimated for each intercensal year.

²Includes Bridgewater and Tewksbury.

³Increase largely due to Veteran's Administration Facility No. 107 becoming a licensed institution August 11, 1928.

⁴Minus sign indicates decrease.

PATIENTS ON BOOKS AND ANNUAL INCREASE, 1904-1935

Table 2 shows the total number of patients on the books of all public, private and governmental institutions for the statistical years ended September 30, 1904-1935, inclusive. The insane in State hospitals have shown an increase of 14,120 patients over the 32-year period, representing a percentage increase of 136.6. The number of patients on the books of State schools for the mentally defective showed an increase of 4,597 over the same period, representing a percentage increase of 542.7. The total increase of all patients on the books of both public, private and governmental institutions since 1904 was 20,508 representing a percentage increase of 175.2.

There has been an average annual increase of 672 patients on the books of all institutions over the past 32 years. This increase was greatest for the State hospitals, the average of patients being 471 per year. The State schools as a group showed an average increase of 145 patients per year. The private institutions for insane, inebriates, etc., and private institutions for the mentally defective showed average increases of 52 and 3 respectively.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904-1935

Table 3 shows the number of patients actually within public, private and governmental institutions on September 30 of each year from 1904 to 1935, inclusive, and the annual increase for each year. It will be observed that since 1904 there has been a total increase of 18,224 patients actually occupying hospital beds, representing a percentage increase of 166.4. The average annual increase over the 32-year period is 596.

The number of patients within the State hospitals has shown a total increase of 12,367 since 1904, and a percentage increase of 127.9. The average annual increase was 414. The patients within State schools showed an increase of 4,162 over the 32-year period, a percentage increase of 491.3. The average annual increase was 131. The average annual increase of patients within private institutions for the insane and mentally defective was 50 and .02 respectively.

TABLE 4. — *Patients on Visit and Escape from State Hospitals on September 30, 1904-1935: Numbers and Percentages*

YEAR	Total Patients on Books ¹	Patients on Visit and Escape	Patients on Visit	Patients on Escape	Percentage on Visit and Escape	Percentage on Visit	Percentage on Escape
1904	9,553	248	—	—	2.6	—	—
1905	10,076	400	—	—	3.9	—	—
1906	10,505	641	—	—	6.1	—	—
1907	10,904	693	—	—	6.3	—	—
1908	11,594	556	—	—	4.7	—	—
1909	12,117	584	—	—	4.8	—	—
1910	12,663	643	—	—	5.1	—	—
1911	13,179	845	—	—	6.4	—	—
1912	13,558	787	—	—	5.8	—	—
1913	14,092	719	—	—	6.5	—	—
1914	14,546	969	—	—	6.7	—	—
1915	15,415	992	—	—	6.4	—	—
1916	15,967	1,254	—	—	7.8	—	—
1917	16,302	1,328	—	—	8.1	—	—
1918	16,811	1,775	—	—	10.5	—	—
1919	16,866	1,902	—	—	11.2	—	—
1920	17,067	—	1,681	191	—	9.8	1.1
1921	17,654	—	1,521	237	—	8.6	1.3
1922	18,327	—	1,864	285	—	10.1	1.5
1923	18,615	—	1,821	361	—	9.7	1.9
1924	18,868	—	1,723	324	—	9.1	1.7
1925	19,330	—	1,649	381	—	8.5	1.9
1926	19,386	—	1,651	282	—	8.5	1.4
1927	19,615	—	1,524	257	—	7.7	1.3
1928	20,058	—	1,496	250	—	7.4	1.2
1929	20,349	—	1,502	197	—	7.3	.9
1930	21,023	—	1,742	222	—	8.2	1.0
1931	21,311	—	1,514	178	—	7.1	.8
1932	22,029	—	1,679	147	—	7.6	.6
1933	22,365	—	1,817	160	—	8.1	.7
1934	22,638	—	1,764	138	—	7.8	.6
1935	23,152	—	2,021	85	—	8.7	.4

¹All classes on books of State Hospitals, Tewksbury and Bridgewater, excluding sane epileptics at Monson

PATIENTS OUT OF INSTITUTIONS AT END OF YEAR

The total number of patients out "on visit" and "on escape" for each year, 1904-1935, inclusive, is shown in Table 4. As will be observed, the percentage out showed a steady increase from 1904 to 1919. Since 1920 it has been possible to differentiate the visits and escapes, and the number and percentages of these are given separately for the years 1920 through 1935.

The percentage of patients "on visit" has varied somewhat during the last sixteen years and shows a slight tendency to decrease. The percentage of patients "on escape" shows less variation, but here, too, there is a tendency to decrease during the last five years.

While Table 4 gives the number of patients out of institutions at the end of the statistical year, Table 5 totals the number of visits taking place during the entire year, 1935. For each institution we have totaled the number of visits of patients during the entire year and have calculated a visit rate based on the total daily average population. The Psychopathic Hospital shows the highest rate with 676 visits per 1,000 of the daily average population. Danvers is second with a rate of 377; Monson third with 350; Northampton fourth with 310; and Taunton fifth with 233. The rate for the entire State hospital group is 212. The males, with a rate of 224 show a greater tendency to go out on visit than the females, who present a rate of 201. The low rates demonstrated by Grafton, Gardner and Medfield are accounted for by the fact that these institutions to a large extent care for transferred patients of a chronic type.

TABLE 5. — *Number of Visits During the Year 1935, by Institution and Sex: Rates per 1,000 Daily Average Population on Books*

INSTITUTIONS	DAILY AVERAGE POPULATION ON BOOKS			NUMBER OF VISITS DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Psychopathic	80.	53.	133.	52	38	90	650.0	716.9	676.6
Danvers	1,191.	1,320.	2,511.	528	419	947	443.3	317.4	377.1
Monson	763.	783.	1,546.	320	222	542	419.3	283.5	350.5
Northampton	979.	1,114.	2,093.	272	377	649	277.8	338.4	310.0
Taunton	876.	904.	1,780.	186	229	415	212.3	253.3	233.1
Westborough	678.	946.	1,624.	177	191	368	261.0	201.9	226.6
Worcester	1,280.	1,345.	2,625.	301	244	545	235.1	181.4	207.6
Foxborough	597.	710.	1,307.	73	156	229	122.2	219.7	175.2
Boston State	1,043.	1,485.	2,528.	210	191	401	201.3	128.6	158.6
Metropolitan	695.	731.	1,426.	89	123	212	128.0	168.2	148.6
Medfield	784.	1,124.	1,908.	75	123	198	95.6	109.4	103.7
Gardner	830.	680.	1,510.	51	77	128	61.4	113.2	84.7
Grafton	657.	776.	1,433.	14	23	37	21.3	29.6	25.8
Total	10,453.	11,971.	22,424.	2,348	2,413	4,761	224.6	201.5	212.3
McLean	90.	145.	235.	33	51	84	366.6	351.7	357.4
Vets. Adm. Fac. No. 107	875.	—	875.	195	—	195	222.8	—	222.8
Vets. Adm. Fac. No. 95	677.	—	677.	108	—	108	159.5	—	159.5
Tewksbury	103.	458.	561.	1	3	4	9.7	6.5	7.1
Bridgewater	913.	—	913.	2	—	2	2.1	—	2.1
Total	2,658.	603.	3,261.	339	54	393	127.5	89.5	120.5
Grand Total	13,111.	12,574.	25,685.	2,687	2,467	5,154	204.9	196.1	200.6

Table 6 presents the number of visits, escapes and cases placed in family care during each month of 1935 and also the cases returned each month. The visit rates and the return rates show the tendency for patients to go out more frequently during certain months of the year. Comparing the number of visits with the number of cases on the books we find that the fewest patients went out in the months of October and January, the rates being 8.6 and 8.0 respectively. There is a gradual rise to higher levels as the warmer months of April, May, June, July and August are approached. The highest visit rates for the year per 1,000 patients on the books are 21.1 and 29.3 in the two holiday months of November and December. In general, the rates for cases returned from visit follow the general trend observed in the visit rates themselves. The only months during which the return exceeded the visit rate were October and January. In all other months the visit rates were higher, this being accounted for by the fact that a certain proportion of cases sent on visit never return to the hospital but are discharged from the visit status.

TABLE 6. — *Visits, Escapes and Family Care and Returns, 1935, by Month: Number and Rates per 1,000 Cases on Books.*¹

	TOTAL			OCTOBER			NOVEMBER			DECEMBER			JANUARY			FEBRUARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit	2,351	2,416	4,767	95	111	206	258	247	505	355	346	701	89	104	193	115	133	248
Returned from visit	1,693	1,685	3,378	105	119	224	83	96	179	276	266	542	206	172	378	72	79	151
On escape	203	46	249	10	5	15	18	1	19	13	5	18	4	1	5	5	3	8
Returned from escape	223	51	274	20	8	28	22	2	24	12	4	16	9	2	11	7	3	10
Placed in Family Care	40	217	257	6	32	38	3	22	25	1	12	13	3	12	15	3	16	19
Returned from Family Care	36	173	209	3	21	24	2	20	22	1	7	8	4	11	15	2	18	20
On books at end of month	139,384	149,481	288,865	11,493	12,376	23,869	11,502	12,389	23,891	11,532	12,378	23,910	11,562	12,361	23,923	11,561	12,351	23,912
Visit rate per 1,000 on books	16.8	16.1	16.5	8.2	8.9	8.6	22.4	19.9	21.1	30.7	27.9	29.3	7.6	8.4	8.0	9.9	10.7	10.3
Return rate per 1,000 on books	12.1	11.2	11.6	9.1	9.6	9.3	7.2	7.7	7.4	23.9	21.4	22.6	17.8	13.9	15.8	6.2	6.3	6.3

	MARCH			APRIL			MAY			JUNE			JULY			AUGUST			SEPTEMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit	140	144	284	243	222	465	233	220	453	228	225	453	197	231	428	215	237	452	183	196	379
Returned from visit	90	75	165	143	131	274	116	123	239	150	154	304	173	178	351	130	131	261	149	161	310
On escape	17	10	27	20	3	23	21	2	23	29	7	36	19	2	21	27	4	31	20	3	23
Returned from escape	17	9	26	12	3	15	18	5	23	37	6	43	25	7	32	23	1	24	21	1	22
Placed in family care	4	11	15	2	13	15	6	25	31	4	11	15	3	19	22	3	17	20	2	27	29
Returned from family care	4	18	22	1	12	13	5	18	23	2	9	11	1	16	17	6	13	19	5	10	15
On books at end of month	11,587	12,378	23,965	11,607	12,415	24,022	11,620	12,455	24,075	11,688	12,506	24,194	11,699	12,568	24,267	11,761	12,626	24,387	11,772	12,678	24,450
Visit rate per 1,000 on books	12.0	11.6	11.8	20.9	17.8	19.3	20.0	17.6	18.8	19.5	17.9	18.7	16.8	18.3	17.6	18.2	18.7	18.5	15.5	15.4	15.5
Return rate per 1,000 on books	7.7	6.0	6.8	12.3	10.5	11.4	9.9	9.8	9.9	12.8	12.3	12.5	14.7	14.1	14.4	11.0	10.3	10.7	12.6	12.6	12.6

¹Includes all State Hospitals, Bridgewater and Tewksbury.

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER THE DEPARTMENT

Table 7 shows that cases in family care on September 30, 1935, (311 cases) showed a gain of 34 patients over the total for 1934, (277 cases). A total of 250 new cases were placed in family care during the year. One hundred sixty-one of these were returned to the institution during the year, while 55 cases were taken from family care through return to the community or change of status to visit, etc. At the end of the year Gardner, with 105 patients out, had the largest number in family care. Worcester was next with 103, and Westborough third with 33 patients out in family care. The Monson State Hospital and Psychopathic Hospital had no patients in family care during the year. There were no patients in family care under the Department during the statistical year 1935.

TABLE 7. — *Family Care Under Institution Trustees during 1935*

HOSPITALS	Patients in Family Care September 30, 1934			Number Admitted during Year			Number Returned to Institution during Year			Other Cases leaving Family Care Status during Year			Patients remaining in Family Care September 30, 1935		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	—	10	10	—	15	15	—	8	8	—	4	4	—	13	13
Danvers	—	9	9	—	4	4	—	2	2	—	—	—	—	11	11
Foxborough	—	1	1	1	4	5	—	3	3	—	—	—	1	2	3
Gardner	—	98	98	—	64	64	—	54	54	—	3	3	—	105	105
Grafton	4	15	19	1	12	13	4	11	15	—	—	—	1	16	17
Medfield	—	10	10	—	1	1	—	3	3	—	1	1	—	7	7
Metropolitan	—	1	1	1	3	4	—	1	1	1	2	3	—	1	1
Northampton	—	4	4	1	18	19	—	4	4	—	4	4	1	14	15
Taunton	—	2	2	—	4	4	—	1	1	—	2	2	—	3	3
Westborough	11	19	30	10	9	19	7	6	13	2	1	3	12	21	33
Worcester	20	73	93	20	82	102	10	47	57	7	28	35	23	80	103
Totals for Hospitals	35	242	277	34	216	250	21	140	161	10	45	55	38	273	311

TABLE 8. — *Patients in Family Care from Institutions and Under the Department for All State Hospitals, September 30, 1904–1935*

YEAR	FAMILY CARE GRAND TOTAL			FROM INSTITUTIONS			UNDER THE DEPARTMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	14	199	213	—	—	—	14	199	213
1905	13	243	256	1	2	3	12	241	253
1906	13	282	295	—	10	10	13	272	285
1907	13	270	283	—	8	8	13	262	275
1908	12	238	250	1	5	6	11	233	244
1909	10	239	249	—	8	8	10	231	241
1910	16	269	285	2	8	10	14	261	275
1911	15	294	309	1	10	11	14	284	298
1912	15	327	342	2	24	26	13	303	316
1913	14	352	366	2	28	30	12	324	336
1914	21	320	341	9	30	39	12	290	302
1915	28	375	403	27	290	317	1	85	86
1916	35	363	398	35	299	334	—	64	64
1917	29	296	325	29	249	278	—	47	47
1918	23	263	286	23	219	242	—	44	44
1919	27	228	255	27	190	217	—	38	38
1920	15	201	216	15	167	182	—	34	34
1921	10	185	195	10	154	164	—	31	31
1922	12	187	199	12	158	170	—	29	29
1923	9	159	168	9	132	141	—	27	27
1924	4	152	156	4	132	136	—	20	20
1925	10	154	164	10	131	141	—	23	23
1926	8	149	157	8	127	135	—	22	22
1927	14	156	170	14	136	150	—	20	20
1928	28	128	156	28	109	137	—	19	19
1929	23	147	170	23	130	153	—	17	17
1930	23	146	169	23	132	155	—	14	14
1931	19	173	192	19	151	170	—	22	22
1932	24	184	208	24	171	195	—	13	13
1933	34	231	265	34	217	251	—	14	14
1934	35	242	277	35	242	277	—	—	—
1935	38	273	311	38	273	311	—	—	—

Table 8 shows the status of family care between 1904 and 1935. In the early years, family care cases were supervised almost entirely by the Department of Mental Diseases. Gradually this supervision has been taken over by the individual institutions, however, the final breaking up being made in 1935 when the Department ceased to supervise any family care cases. At the end of 1935 a total of 311 cases were under family care supervision, 273 females and 38 males. This is the largest number under supervision since 1915 when 403 patients were so cared for. The number of 311 under care during 1935 is at the rate of approximately 7 per hundred thousand of the general population.

EX-SERVICE MEN IN STATE HOSPITALS, 1928-1935

On September 30, 1928 there were 387 ex-service men in State hospitals, while on September 30, 1935 there were 481 (Table 9). The daily average number on the books during each statistical year increased from 409.18 in 1928 to 470.11 in 1935. The daily average number actually cared for during the eight-year period increased from 393.97 to 405.73.

TABLE 9. — *Ex-Service Men in State Hospitals, 1928-1935: Daily Average Numbers*¹

YEAR	Number on Books September 30			Daily Average Number on Books during Year			Daily Average Number Actually in Hospital during Year		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928	387	—	387	408.18	1.00	409.18	392.97	1.00	393.97
1929	414	7	421	409.07	7.35	416.42	350.46	6.36	356.82
1930	369	5	374	368.03	4.62	372.65	329.94	4.62	334.56
1931	360	8	368	371.24	7.15	378.39	339.55	7.15	346.70
1932	401	8	409	415.39	9.00	429.39	380.34	8.62	388.96
1933	383	8	391	417.22	8.00	425.22	374.86	8.00	382.86
1934	416	6	422	421.45	5.75	427.20	374.18	5.16	379.34
1935	475	6	481	464.41	5.70	470.11	401.47	4.26	405.73

¹Includes all State Hospitals, Bridgewater and Tewksbury.

Section B. All Admissions to Mental Hospital during 1935

The following section discusses data in reference to regular court, temporary care, observation, voluntary admissions, and transfers to State hospitals during 1935. The discussion of all readmitted cases is likewise included in this section.

ALL FIRST AND READMISSIONS, 1928-1935, INCLUSIVE

Table 10 shows the total number of cases admitted under the various legal forms of admission for all first and readmissions during the eight-year period 1928-1935, inclusive. In the aggregate for both groups, it will be observed that the total admissions decreased from 6,166 in 1928 to 6,077 in 1929, but has shown a steady increase thereafter to 7,039 in 1935. First admissions by court commitment show more fluctuation than any of the other admission groups, the number admitted on this form reaching its highest level of 3,275 cases admitted during 1935. Until the latter year there had been no perceptible increase in this group over the eight-year period. The first admissions on temporary care showed a decrease between 1928 and 1930, increased up to 1933, but have decreased during the last two years. Here again the variation in the use of this form has shown but little of significance over the past eight years. First admissions for observation increased from 341 cases in 1928 to 566 cases in 1935, a percentage increase of 65 per cent. Voluntary first admissions showed quite a variation throughout the eight years. There has been a percentage increase of 17 per cent in the use of this form, however.

Readmissions under the various forms have shown more consistent increases over the eight-year period and we see a rise in total numbers from 1,158 in 1928 to 1,555 in 1935. This increase is especially evident in the temporary care, observation and voluntary forms of admission. Temporary care readmissions have shown a 50 per cent increase, observation readmissions a 92 per cent increase, and voluntary readmissions a 52 per cent increase.

TABLE 10. — *First and Readmissions to State Hospitals, 1928-1935, inclusive, by Form of Admission and Sex*¹

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1928	T.	6,166	5,008	3,075	1,422	341	170	1,158	682	313	117	46
	M.	3,335	2,757	1,628	793	230	106	578	320	158	77	23
	F.	2,831	2,251	1,447	629	111	64	580	362	155	40	23
1929	T.	6,077	4,897	2,970	1,422	347	158	1,180	652	312	148	68
	M.	3,243	2,604	1,523	739	254	88	639	324	177	98	40
	F.	2,834	2,293	1,447	683	93	70	541	328	135	50	28
1930	T.	6,421	5,129	3,102	1,371	457	199	1,292	711	312	201	68
	M.	3,445	2,778	1,611	719	332	116	667	323	175	131	38
	F.	2,976	2,351	1,491	652	125	83	625	388	137	70	30
1931	T.	6,632	5,271	3,034	1,487	537	213	1,361	746	348	200	67
	M.	3,574	2,850	1,534	808	383	125	724	361	198	131	34
	F.	3,058	2,421	1,500	679	154	88	637	385	150	69	33
1932	T.	6,660	5,301	3,057	1,497	535	212	1,359	714	374	199	72
	M.	3,641	2,941	1,594	824	398	125	700	337	210	116	37
	F.	3,019	2,360	1,463	673	137	87	659	377	164	83	35
1933	T.	6,790	5,381	3,164	1,555	494	168	1,409	703	403	232	71
	M.	3,686	2,983	1,633	867	359	104	703	325	205	141	32
	F.	3,104	2,398	1,511	688	135	64	706	378	198	91	39
1934	T.	6,824	5,304	3,143	1,474	502	185	1,520	687	506	242	85
	M.	3,781	2,954	1,684	827	345	98	827	323	296	160	48
	F.	3,043	2,350	1,459	647	157	87	693	364	210	82	37
1935	T.	7,039	5,484	3,275	1,443	566	200	1,555	789	471	225	70
	M.	3,817	2,994	1,708	812	368	106	823	380	264	144	35
	F.	3,222	2,490	1,567	631	198	94	732	409	207	81	35

¹Includes all State Hospitals, Bridgewater and Tewksbury. Also includes sane dangerous cases at Monson.

It would seem from Table 10 that there is a tendency to use the temporary care, observation and voluntary forms of admission more frequently, particularly the observation form. The increase in the voluntary cases is interesting as it measures the willingness of individuals to come to mental hospitals of their own free will.

COURT FIRST ADMISSIONS AND READMISSIONS, 1904-1935, INCLUSIVE

Table 11 presents the numbers and rates per 100,000 of the general population of court first admissions and readmissions to all public, private and governmental hospitals for mental diseases within the State. Insofar as this table checks the number of patients admitted to every mental hospital of any type whatsoever, it gives a rather accurate index of the magnitude of mental diseases throughout the State for the period of years under discussion. The lowest rate of 67 admissions per 100,000 is observed in 1906, while the highest rate of 92.6 occurred in 1913. Over the past ten years the rates have varied between 72 and 83, the figure of 83 for 1928 being the highest during the last ten-year period. The rates for first admissions have shown considerable fluctuation over the 32 year period but show no definite trend. This absence of any trend in first admissions rather suggests that there has been no increase in new cases coming to mental hospitals in Massachusetts.

The number of readmissions admitted to all institutions and the rates of admission are also recorded in Table 11 from the year 1920 on. For this group, the highest rate of 26.7 occurs in 1924, and the lowest rate of 17.3 in 1932. The readmissions present a great many variations in the rate, with no definite trend evident.

TABLE 11. — *First Admissions and Readmissions by Court Commitment to Public, Private and Governmental Hospitals for Mental Diseases, 1904-1935, Inclusive*

YEAR	TOTAL — ALL HOSPITALS				STATE Hospitals ²		McLean and other Private Hospitals		Governmental Hospitals	
	Number		Rate per 100,000 General Population ¹							
	First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- mission
1904 . . .	2,454	—	80.9	—	2,337	—	117	—	—	—
1905 . . .	2,237	—	72.4	—	2,136	—	101	—	—	—
1906 . . .	2,120	—	67.3	—	1,990	—	130	—	—	—
1907 . . .	2,463	—	76.8	—	2,286	—	177	—	—	—
1908 . . .	2,555	—	78.3	—	2,383	—	172	—	—	—
1909 . . .	2,536	—	76.5	—	2,340	—	196	—	—	—
1910 . . .	2,677	—	79.4	—	2,470	—	207	—	—	—
1911 . . .	2,680	—	78.4	—	2,459	—	221	—	—	—
1912 . . .	2,772	—	79.9	—	2,562	—	210	—	—	—
1913 . . .	3,247	—	92.6	—	3,024	—	223	—	—	—
1914 . . .	3,112	—	87.1	—	2,925	—	187	—	—	—
1915 . . .	3,264	—	90.6	—	3,087	—	177	—	—	—
1916 . . .	3,323	—	90.8	—	3,109	—	214	—	—	—
1917 ³ . . .	4,315	—	82.6 ⁴	—	4,097	—	218	—	—	—
1918 ³ . . .	3,894	—	72.5 ⁴	—	3,702	—	192	—	—	—
1919 ³ . . .	4,011	—	78.8 ⁴	—	3,752	—	259	—	—	—
1920 . . .	3,009	927	78.1	24.0	2,768	836	241	91	—	—
1921 . . .	3,310	1,002	85.0	25.7	3,054	943	256	59	—	—
1922 . . .	3,508	963	89.2	24.4	3,225	858	183	105	—	—
1923 . . .	3,006	838	75.6	21.1	2,786	756	220	82	—	—
1924 . . .	3,303	1,075	82.3	26.7	2,881	735	327	55	95	285
1925 . . .	3,241	834	80.0	20.5	2,902	656	232	114	107	64
1926 . . .	3,115	767	76.1	18.7	2,821	660	245	81	44	26
1927 . . .	2,989	755	72.3	18.2	2,755	637	198	92	36	26
1928 . . .	3,464	757	83.0	18.1	3,075	668	348	29	41	60
1929 . . .	3,259	740	77.4	17.5	2,949	636	269	35	41	69
1930 . . .	3,298	789	77.6	18.5	3,077	689	173	21	48	79
1931 . . .	3,209	817	74.8	19.0	3,009	725	136	25	64	64
1932 . . .	3,157	753	72.9	17.3	3,024	698	115	23	18	32
1933 . . .	3,333	788	76.2	18.0	3,123	683	162	31	48	74
1934 . . .	3,354	784	76.0	17.7	3,115	674	141	29	98	81
1935 . . .	3,541	910	81.3	20.9	3,245	765	195	77	101	68

¹Population estimated for intercensal years.²Includes Bridgewater and Tewksbury. Excludes Sane Dangerous Cases at Monson.³Includes Temporary Care Admissions.⁴Estimated, less Temporary Care Admissions.TABLE 12. — *First Admissions and Readmissions by Court Commitment to State Hospitals, 1934 and 1935, by Hospital*

HOSPITALS	Total Admissions		First Admissions		Readmissions	
	1934	1935	1934	1935	1934	1935
Boston State	603	612	515	506	88	106
Boston Psychopathic	134	160	126	144	8	16
Danvers	594	646	479	521	115	125
Foxborough	231	240	189	201	42	39
Gardner	86	86	73	66	13	20
Grafton	55	51	42	33	13	18
Medfield	146	285	115	227	31	58
Northampton	473	528	383	443	90	85
Taunton	417	443	355	353	62	90
Westborough	447	352	344	259	103	93
Worcester	531	553	425	445	106	108
Monson (Epileptic)	18	61	18	37	—	24
Bridgewater	54	47	51	40	3	7
Tewksbury	—	—	—	—	—	—
Total	3,789	4,064	3,115	3,275	674	789

COURT FIRST ADMISSIONS AND READMISSIONS, 1934 AND 1935

During 1935, a total of 4,064 patients were admitted to State hospitals under regular court commitment as insane (Table 12). Of these, 3,275 or 80 per cent

were first admissions and 789 or 20 per cent were readmissions. There was an increase of 275 in the total admissions during 1935. First admissions showed an increase of 160 cases in 1935. The readmissions showed an increase of 115 cases. The total admission rate for 1935 was 93 per 100,000 of the population of the State for 1935. The first admission rate was 75 and the readmission rate was 18.

TABLE 13. — *First Admissions and Readmissions of Temporary Care Cases to State Hospitals, 1935, by Hospital*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	122	85	37
Boston Psychopathic	1,469	1,117	352
Danvers	172	125	47
Foxborough	15	8	7
Gardner	15	12	3
Grafton	—	—	—
Medfield	11	9	2
Metropolitan	—	—	—
Northampton	32	26	6
Taunton	49	37	12
Westborough	6	5	1
Worcester	23	19	4
Monson (Epileptic)	—	—	—
Bridgewater	—	—	—
Tewksbury	—	—	—
Total	1,914	1,443	471

TEMPORARY CARE ADMISSIONS, 1935

Table 13 shows the total first admissions and readmissions under temporary care forms during 1935. There was a decrease of 66 in the numbers admitted between 1934 and 1935. The total for the former year was 1,980 and for the latter year 1,914. One thousand four hundred and forty-three cases, or 75 per cent were first admissions, and 471 or 25 per cent were readmissions. The rate per 100,000 of the population of the State for 1935 for all admissions under temporary care was 43; for first admissions 33; and for readmissions 10.

OBSERVATION ADMISSIONS, 1935

The total number of cases admitted during 1935 under observation status was 781, Table 14. This is an increase of 37 over the previous year. Five hundred and sixty-six cases, or 72 per cent of the total were admitted under observation for the first time, while 215 or 28 per cent were readmitted. The rate per 100,000 of the population of the State for 1935 is 17 for total admissions; 13 for first admissions and 4 for readmissions on this status.

TABLE 14. — *First Admissions and Readmissions of Observation Cases to State Hospitals, 1935, by Hospital*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	66	33	33
Boston Psychopathic	254	202	52
Danvers	106	69	37
Foxborough	36	27	9
Gardner	12	9	3
Grafton	4	1	3
Medfield	14	9	5
Metropolitan	—	—	—
Northampton	62	54	8
Taunton	65	50	15
Westborough	36	19	17
Worcester	112	82	30
Monson (Epileptic)	—	—	—
Bridgewater	14	11	3
Tewksbury	—	—	—
Total	781	566	215

VOLUNTARY ADMISSIONS, 1935

Table 15 shows the first admissions and readmissions of voluntary care cases during the year 1935. The total patients admitted under this status was 270, the same total as that of the preceding year. Two hundred cases, or 74 per cent were first admissions, and 70 cases or 26 per cent were readmissions.

TABLE 15. — *First Admissions and Readmissions of Voluntary Care Cases to State Hospitals, 1935, by Hospitals*

HOSPITALS	Total Admissions	First Admissions	Readmissions
Boston State	—	—	—
Boston Psychopathic	52	35	17
Danvers	4	2	2
Foxborough	3	1	2
Gardner	14	11	3
Grafton	—	—	—
Medfield	—	—	—
Metropolitan	—	—	—
Northampton	4	3	1
Taunton	8	4	4
Westborough	10	7	7
Worcester	14	6	8
Monson (Epileptic)	161	135	26
Bridgewater	—	—	—
Tewksbury	—	—	—
Total	270	200	70

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1911-1935

The voluntary care admissions and the rates per 100,000 of the population of the State for each year 1911 to 1935, inclusive, are shown in Table 16. There has been considerable fluctuation in this form of admission since 1911, due largely to administrative and legal restrictions. During the statistical year 1935, there were 454 voluntary admissions to public and private institutions for the insane and epileptic in this State.

TABLE 16. — *Voluntary Care Admissions to Public and Private Institutions, 1911-1935¹*

YEAR	Number	Rate per 100,000 estimated population of State
1911	359	10.52
1912	414	11.96
1913	788	22.45
1914	931	26.15
1915	963	26.67
1916	765	20.60
1917	895	24.12
1918	865	23.00
1919	880	23.09
1920	641	16.60
1921	805	20.58
1922	813	20.53
1923	304	7.56
1924	403	10.00
1925	330	8.00
1926	341	8.15
1927	416	9.83
1928	419	9.70
1929	448	10.22
1930	437	10.28
1931	466	10.96
1932	433	10.18
1933	432	9.88
1934	447	10.13
1935	454	10.43

¹All public and private institutions for the insane and epileptic.

TABLE 17. — *Legal Status of All Cases Admitted for the First Time to Hospitals for Mental Diseases, 1935, by Hospital:*
Numbers and Percentages

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOX-BOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	1,639	28.4	347	55.6	—	—	192	26.8	113	47.7	25	25.5	29	85.3	157	64.1	201	38.2
Temporary Care	1,439	25.0	81	13.0	1,100	73.4	125	17.4	8	3.4	12	12.2	—	—	9	3.7	26	4.9
Observation	426	7.4	22	3.5	182	12.2	42	5.8	17	7.2	5	5.1	1	2.9	9	3.7	30	5.7
Voluntary	218	3.8	—	—	3	.2	1	.1	1	.4	7	7.1	—	—	—	—	—	—
Temporary Care and Court	1,111	19.3	128	20.6	126	8.4	237	33.1	49	20.7	17	17.4	—	—	29	11.8	141	26.9
Temporary Care, Observation and Court	172	3.0	9	1.4	14	.9	37	5.2	1	.4	9	9.2	—	—	—	—	22	4.2
Observation and Court	511	8.8	22	3.5	1	.06	55	7.7	38	16.0	15	15.3	4	11.8	41	16.7	78	14.8
Others and Court	11	.2	—	—	3	.2	—	—	—	—	8	8.2	—	—	—	—	1	.2
Other Combinations	238	4.1	15	2.4	69	4.0	28	3.9	10	4.2	—	—	—	—	—	—	27	5.1
Total	5,765	100.0	624	100.0	1,498	100.0	717	100.0	237	100.0	98	100.0	34	100.0	245	100.0	526	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		VETERANS' ADM. FAC. No. 107		VETERANS' ADM. FAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	107	24.1	171	59.8	216	39.1	37	21.5	8	6.1	33	64.7	2	4.0	1	1.00
Temporary Care	37	8.3	5	1.7	19	3.4	—	—	15	11.5	—	—	1	2.0	1	1.00
Observation	33	7.4	15	5.3	59	10.8	—	—	—	—	11	21.6	—	—	—	—
Voluntary	2	.5	3	1.0	5	.9	135	78.5	22	16.8	—	—	13	26.0	26	26.00
Temporary Care and Court	121	27.3	14	4.9	111	20.1	—	—	48	36.6	—	—	27	42.0	69	69.00
Temporary Care, Observation and Court	33	7.4	15	5.2	20	3.6	—	—	—	—	—	—	7	14.0	—	—
Observation and Court	92	20.7	59	20.7	98	17.8	—	—	1	.8	7	13.7	—	—	—	—
Others and Court	—	—	—	—	—	—	—	—	6	4.6	—	—	—	—	1	1.00
Other Combinations	19	4.3	4	1.4	24	4.3	—	—	26	19.8	—	—	6	12.0	2	2.00
Total	444	100.0	286	100.0	552	100.0	172	100.0	131	100.0	51	100.0	50	100.0	100	100.0

TABLE 18. — *Legal Status of All Cases Readmitted to Hospitals for Mental Diseases, 1935, by Hospital: Numbers and Percentages*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSY'PATHIC		DANVERS		FOX-POROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	360	21.2	61	34.7	—	—	34	16.1	15	26.3	9	31.1	15	71.4	31	41.3	36	36.0
Temporary Care	467	27.5	36	20.5	346	79.2	47	22.3	7	12.3	2	6.9	—	—	—	—	6	6.0
Observation	180	10.6	26	14.8	43	9.8	28	13.3	5	8.8	1	3.4	3	14.3	14	18.7	7	7.0
Voluntary	89	5.2	—	—	4	.9	2	.9	1	1.7	2	6.9	—	—	—	—	—	—
Temporary Care and Court	377	22.3	39	22.1	15	3.4	70	33.2	17	29.8	7	24.2	1	4.8	17	22.7	41	41.0
Temporary Care, Observation and Court	42	2.5	3	1.7	1	.2	10	4.7	—	—	1	3.4	2	9.5	—	—	3	3.0
Observation and Court	90	5.3	3	1.7	—	—	11	5.2	7	12.3	1	3.4	—	—	10	13.3	5	5.0
Others and Court	7	.4	—	—	—	—	—	—	—	—	2	6.9	—	—	—	—	—	—
Other Combinations	84	5.0	8	4.5	28	6.5	9	4.3	5	8.8	4	13.8	—	—	3	4.0	2	2.0
Total	1,696	100.0	176	100.0	437	100.0	211	100.0	57	100.0	29	100.0	21	100.0	75	100.0	100	100.0

LEGAL STATUS	TAUNTON		WEST-FOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		VETERANS' ADM. PAC. No. 107		VETERANS' ADM. PAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	26	21.6	61	51.7	39	26.0	24	48.0	3	5.9	4	40.0	2	4.9	—	—
Temporary Care	12	9.9	1	.8	4	2.7	—	—	6	11.8	—	—	—	—	—	—
Observation	9	7.4	14	11.9	26	17.3	—	—	1	2.0	3	30.0	—	—	—	—
Voluntary	3	2.5	6	5.1	7	4.7	26	52.0	19	37.2	—	—	8	19.5	11	22.4
Temporary Care and Court	41	33.9	12	10.2	41	27.4	—	—	14	27.4	—	—	26	63.4	36	73.5
Temporary Care, Observation and Court	5	4.1	7	5.9	8	5.3	—	—	—	—	—	—	2	4.9	—	—
Observation and Court	17	14.0	13	11.0	20	13.3	—	—	2	3.9	3	30.0	—	—	2	4.1
Others and Court	1	.8	—	—	—	—	—	—	6	11.8	—	—	—	—	—	—
Other Combinations	7	5.8	4	3.4	5	3.3	—	—	—	—	—	—	3	7.3	—	—
Total	121	100.0	118	100.0	150	100.0	50	100.0	51	100.0	10	100.0	41	100.0	49	100.0

LEGAL STATUS OF ALL CASES ADMITTED FOR THE
FIRST TIME DURING 1935

Table 17 gives the percentage distribution of the various forms of legal status for the total 5,765 cases admitted for the first time to all hospitals under the supervision of the Department during 1935. In considering the total for all institutions, we see that the regular court commitment was used more than any other form as 28.4 per cent of all cases admitted entered the hospital by this means. Temporary care was second, 25.0 per cent of cases being admitted under this form. The combination of temporary care and court commitment was used in 19.3 per cent of cases; observation and court commitment, 8.8 per cent; and observation commitment alone in 7.4 per cent of cases.

Considering the State hospitals only, the following institutions had the largest proportion of patients sent to them through regular court commitment: Grafton State Hospital, 85.3 per cent; Medfield State Hospital, 64.1 per cent; and Westborough State Hospital, 59.8 per cent. This commitment form was used in the smallest proportion of admissions at Monson State Hospital, 21.5 per cent; Taunton State Hospital, 24.1 per cent, and Gardner State Hospital, 25.5 per cent.

In the use of the temporary care form of admission, the Boston Psychopathic Hospital showed the highest figure, with 73.4 per cent of cases admitted on this form. The Danvers State Hospital with 17.4 per cent and Boston State Hospital with 13.0 per cent followed in order. The McLean Hospital, although not a State institution, had 11.5 per cent of cases admitted on a temporary form. The Foxborough and Worcester State Hospitals with 3.4 per cent, and Westborough State Hospital with 1.7 per cent, used the temporary care form the least of any of the institutions. It will be noted that this form of admission was not used at all during the year at the Grafton State Hospital or at Monson State Hospital.

In the use of the combination of temporary care and court commitment, Danvers State Hospital stood first with 33.1 per cent. There followed in order, the Taunton State Hospital with 27.3 per cent, Northampton State Hospital with 26.9 per cent, and Foxborough State Hospital with 20.7 per cent. This combination was used the least at the Westborough State Hospital with 4.9 per cent, and Boston Psychopathic Hospital with 8.4 per cent.

LEGAL STATUS OF ALL CASES READMITTED DURING 1935

Table 18 shows the percentage distribution in legal status of all cases readmitted to State hospitals for mental diseases during 1935. It will be observed that of the total 7,461 cases admitted during the year, 1,696 or 23 per cent were readmissions. Whereas among the first admissions we found that the court form was used predominantly, we observe that among the readmissions, the temporary care form was used more than any other form, 27.5 per cent of all readmissions entering the hospitals. The regular court commitment when used in combination with the temporary care form came second in importance with 22.3 per cent, and when used alone came third with 21.2 per cent. The observation form alone was used in 10.6 per cent of cases; observation followed by court commitment, in 5.3 per cent of cases; and the voluntary form alone in 5.2 per cent of cases. It will be noted that other combinations were used in 5.0 per cent of the cases admitted during the last statistical year.

In the following table a comparison is made between the percentage distribution in legal status of all cases admitted for the first time and all readmissions to State hospitals for mental diseases during 1935.

Percentage Distribution in Legal Status of All Cases Admitted for the First Time and All Readmissions, 1935

	<i>All Cases Admitted for First Time</i>	<i>All Re- Admitted Cases</i>
Court Commitment	28.4	21.2
Temporary Care	25.0	27.5
Observation	7.4	10.6
Voluntary	3.8	5.2
Temporary Care and Court Commitment	19.3	22.3
Temporary Care, Observation and Court Commitment	3.0	2.5
Observation and Court Commitment	8.8	5.3
Others and Court Commitment . . . . .	.2	.4
Other Combinations	4.1	5.0
	100.0	100.0

In theory we might say that the regular court commitment was created for the purpose of placing a patient in a mental hospital when there was little doubt about his mental condition and that the temporary care forms were evolved to meet the needs of the case in which there was a doubt as to the mental status of the patient. With this thought in mind, it is interesting to compare the forms of admission which are used by physicians in having cases admitted to our institutions; that is, to compare the forms which have been used when the patient was admitted for the first time as compared with the forms used when he was readmitted. We would expect that the physicians would have less difficulty in determining the proper commitment form to be used in a readmission than in a first admission case, yet we observe that the court commitment form was used *less* in committing readmissions than in committing first admissions, 21.2 per cent of readmissions, as compared with 28.4 per cent of first admissions. In considering the combination of temporary care admissions followed by court commitment, we see that this combination was used in 22.3 per cent of readmissions, and in a smaller proportion of first admissions, 19.3 per cent. In cases sent to mental hospitals for observation we would expect a greater use of this form in first admissions, yet we observe that the observation form was used in 10.6 per cent of readmissions and in but 7.4 per cent of first admissions. Again, in considering the voluntary form of admission we see that readmissions used this in 5.2 per cent of cases, while first admissions used it in the proportion of 3.8 per cent. In two forms of admission only do we see the theoretical use of forms being carried out as would be expected. The temporary care form was used in 25.0 per cent of first admissions and 27.5 per cent of readmissions. The combination of observation admission and court commitment was used in 8.8 per cent of first admissions and 5.3 per cent of readmissions.

Turning back to Table 17, if we consider the various forms of court commitment, we find that of the total of 3,444 first court admissions during the year, 1,639 or 47.5 per cent were admitted outright under regular court commitment; 1,111 or 33.2 per cent had been held under a temporary care status immediately preceding the court commitment; 172 or 5.0 per cent had been held under temporary care and observation forms preceding the regular court commitment; 511 or 14.8 per cent had been admitted for observation immediately preceding the regular commitment; and 11 or .3 per cent had had one or more short term forms of other types preceding the regular court commitment.

Of the total 876 court readmissions, (Table 18), 360 or 41.1 per cent were admitted outright on regular court commitment. Three hundred seventy-seven or 43.0 per cent were preceded by a temporary care admission; 42 or 4.7 per cent were preceded by a temporary care and observation admission; 90 or 10.2 per cent had an observation admission only, preceding the court commitment; and 7 or .8 per cent had some other short term form of admission preceding the regular court commitment.

It is interesting to know that of the 1,999 court admissions not preceded by temporary forms, 835 cases had a temporary residence at the Boston Psychopathic Hospital immediately preceding the present admission.

FORMS OF ADMISSION AND PSYCHOSES OF ALL FIRST AND READMISSIONS

Table 19 shows that of the 5,765 first admissions during 1935, the final commitment form of 3,444 cases was that of a court admission; 1,460 were temporary care admissions; 579 were observation admissions; and 282 were on a voluntary status. Dementia praecox cases made up 18.4 per cent of all first admissions; 22.9 per cent of court admissions; 17.3 per cent of temporary care admissions; 2.8 per cent of observation admissions; and 1.1 per cent of voluntary admissions. The manic-depressive group made up 10.3 per cent of all first admissions; 10.8 per cent of court admissions; 12.3 per cent of temporary care admissions; 5.4 per cent of observation admissions; and 5.7 per cent of voluntary admissions. Psychoses with cerebral arteriosclerosis made up 14.1 per cent of the total first admissions; 20.2 per cent of court admissions; 5.6 per cent of temporary care admissions; and 5.7 per cent of observation admissions. The alcoholic group made up 8.7 per cent of the total first admissions; 7.1 per cent of court admissions; 21.9 per cent of temporary care admissions; 10.4 per cent of observation admissions, and 3.2 per cent of voluntary admissions.

With the exception of the "without psychoses" group, high percentages in the voluntary first admissions are observed in the psychoses with convulsive disorders (epilepsy), 15.6 per cent, and in the psychoneuroses, 12.8 per cent. The former made up but 2.0 per cent of court admissions; 1.1 per cent of temporary care admissions; and 1.2 per cent of observation admissions. The psychoneuroses constituted 2.6 per cent of court admissions; 5.9 per cent of the temporary care admissions; and 5.4 per cent of observation admissions. The group "without psychoses" is quite interesting because of the contrasts it presents. This group constitutes 13.2 per cent of all first admissions. Only 1.6 per cent of court admissions showed this diagnosis; 19.9 per cent of temporary care admissions; 46.5 per cent of observation admissions; and 50.4 per cent of voluntary admissions. This group evidently confines itself to the voluntary and short term forms of admission.

Among the readmissions we note a total of 1,696 cases for the year. Eight hundred and seventy-six of these were court admissions; 477 were temporary care admissions; 227 observation admissions; and 116 voluntary admissions. The same general trends are observed among the readmissions in reference to the selection of the type of admission used. It might be expected that first admissions would show lower percentages of the court procedure and higher relative proportions of those admitted under temporary care, observation or voluntary status. We note, however, that these temporary forms maintain their standing among the readmissions and the fact that a case has been admitted once previously does not seem to operate against the use of these temporary forms in subsequent admissions.

TABLE 20. — *Number of Times Admitted, All Court Commitments¹, 1935: Percentage Distribution*

Number of Times Admitted	Number			Percentage		
	M.	F.	T.	M.	F.	T.
One.	1,838	1,606	3,444	80.1	79.3	79.7
Two	187	149	336	8.1	7.4	7.8
Three	110	111	221	4.8	5.5	5.1
Four	70	69	139	3.0	3.4	3.2
Five	39	42	81	1.7	2.1	1.9
Six +	52	47	99	2.3	2.3	2.3
Total	2,296	2,024	4,320	100.0	100.0	100.0
Average Number of Times Admitted	1.47	1.50	1.48			

(See Table 208 for detail)

¹All first admissions and readmissions by court commitment.

NUMBER OF TIMES ADMITTED, ALL COURT COMMITMENTS

In considering all regular court commitments for any one statistical year, it is evident that the majority of cases comprise individuals who are admitted for the first time. Table 20 shows that the number of cases admitted for the first time comprise 3,444 or 79.7 per cent of the total cases admitted under court commitment during 1935. Seven and eight-tenths per cent were admitted for the second time; 5.1 per cent for the third time; 3.2 per cent for the fourth time; and 1.9 per cent for the fifth time. It is observed that 2.3 per cent had their sixth or higher admission during the year. Approximately 80 per cent of all admissions are first admissions, and 20 per cent are readmissions for any one year. The average number of times admitted was 1.48 for both sexes.

Table 21 gives the average number of times admitted of all court admissions during the year, by psychoses. This table reveals the tendency to readmission which is exhibited in certain of the psychosis groups. The highest averages for number of times admitted are as follows: manic-depressive psychoses, 2.26; without psychoses, 1.72; with epidemic encephalitis, 1.66; traumatic psychoses, 1.66; and with psychopathic personality, 1.65. The lowest averages are observed in the senile psychoses, 1.10; with cerebral arteriosclerosis, 1.09; with other disturbances of circulation, 1.05; and with other infectious diseases, 1.04.

TABLE 21. — *Average Number of Times Admitted, All Court Commitments¹, 1935, by Mental Disorders*

MENTAL DISORDERS	Number	Average Number of Times Admitted
Manic-depressive psychoses	642	2.26
Without psychoses	83	1.72
With epidemic encephalitis	12	1.66
Traumatic psychoses	18	1.66
With psychopathic personality	55	1.65
Dementia praecox	1,070	1.58
With convulsive disorders (epilepsy)	90	1.56
Paranoia and paranoid conditions	102	1.55
With mental deficiency	147	1.55
Alcoholic psychoses	306	1.42
Psychoneuroses	101	1.29
Undiagnosed psychoses	28	1.28
Primary behavior disorders	4	1.25
Due to drugs, etc.	13	1.23
With organic changes of nervous system	63	1.22
With syphilitic meningo-encephalitis	266	1.17
With other forms of syphilis	24	1.16
Involutional psychoses	152	1.15
Due to other metabolic diseases, etc.	56	1.12
Due to new growth	8	1.12
Senile psychoses	290	1.10
With cerebral arteriosclerosis	735	1.09
With other disturbances of circulation	34	1.05
With other infectious diseases	21	1.04
Total	4,320	1.48

(See Table 208 for detail)
¹All first admissions and readmissions by court commitment.

NATIVITY AND PARENTAGE, ALL FIRST AND READMISSIONS, 1935

Table 22 outlines the nativity and parentage of all first admissions and re-admissions during 1935, with rates based upon the same nativity groups in the population 15 years of age and over in accordance with the 1930 Census. This year we add to the data formerly included in this Table by grouping the three classes of admission known as temporary, observation and voluntary under one heading, "all other admissions." These are compared with the court admissions for the year. Inasmuch as there is some duplication of court admissions and all other admissions, the total rates for all groups combined will not be considered in this discussion. This duplication arises from the fact that a temporary care case at the Psychopathic Hospital may go immediately to another institution through commitment and thus be counted twice. The court admissions are less

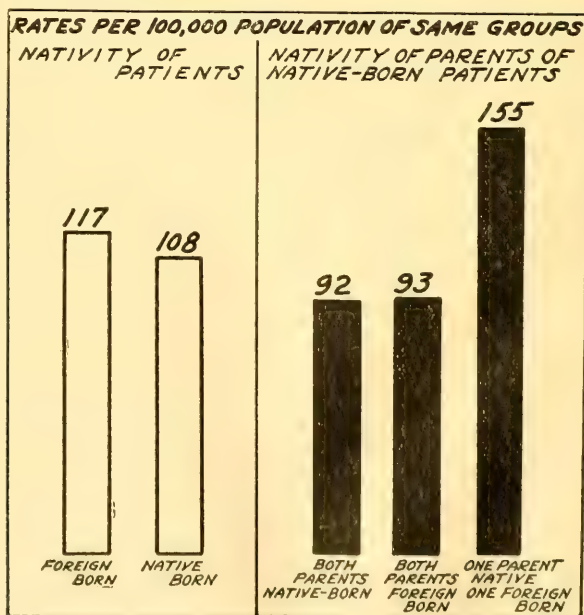
susceptible to the age variations which are observed in the group "all other admissions", and therefore, the discussion will be confined to this group only.

TABLE 22. — *Nativity and Parentage of All First Admissions and Readmissions, 1935: Rates per 100,000 of Same Nativity Groups 15 Years of Age and Over, 1930 Census*

	Aggre- gate	Foreign Born	Native Born	Nativ- ity Un- known	PARENTAGE OF NATIVE BORN			
					Native	Foreign	1 Parent Foreign 1 Parent Native	Unknown
<i>Numbers</i>								
Court Admissions:								
First admissions . . .	3,444	1,211	2,222	11	869	753	484	116
Readmissions . . .	876	269	607	—	236	212	149	10
All Other Admissions: ¹								
First admissions . . .	2,321	646	1,665	10	650	584	373	58
Readmissions . . .	820	239	580	1	212	215	136	17
All First Admissions	5,765	1,857	3,887	21	1,519	1,337	857	174
All Readmissions . . .	1,696	508	1,187	1	448	427	285	27
All Types . . .	7,461	2,365	5,074	22	1,967	1,764	1,142	201
<i>Rates</i>								
Court Admissions:								
First admissions . . .	111.7	117.5	108.3	—	92.5	93.9	155.6	—
Readmissions . . .	28.4	26.1	29.5	—	25.1	26.4	47.9	—
All Other Admissions:								
First admissions . . .	75.3	62.7	81.1	—	69.1	72.8	119.9	—
Readmissions . . .	26.6	23.2	28.2	—	22.5	26.8	43.7	—
All First Admissions	187.0	180.2	189.4	—	161.6	166.8	275.6	—
All Readmissions . . .	55.0	49.3	57.7	—	47.6	53.2	91.6	—
All Types . . .	242.1	229.6	247.3	—	209.4	220.1	367.3	354.5

(See Tables 166, 167, 168 and 169 for detail)

¹Includes admissions on temporary care, observation and voluntary status.



GRAPH 1. — *NATIVITY OF FIRST COURT ADMISSIONS, 1935. RATES OF ADMISSION PER 100,000 POPULATION OF SAME NATIVITY GROUPS 15 YEARS OF AGE AND OVER, 1930 CENSUS*

Graph 1 and Table 22 show that the foreign born have an admission rate of 117 per hundred thousand of the foreign born in Massachusetts aged 15 years and over, (1930 Census). The native born show an admission rate of 108. When we divide the native born in accordance with the parentage of these patients, we see an extremely interesting set of results. Patients who were native born of native parentage show the low admission rate of 92 per hundred thousand of the population of the same nativity group. The native born of foreign parentage present an admission rate of 93. However, when we come to the group native born but of mixed parents, that is one parent native born and one parent foreign born, we observe the extremely high rate of 155. This rate is about 66% higher than the rates of either of the preceding groups. The native born of native parentage and the native born of foreign parentage show admission rates which are practically identical. That is, the second generation of the foreign born is making a showing comparable to the native born of native parentage. However, if the patient is native born and living in an environment with one parent native born and the other parent foreign born, the results are very different. This group shows the highest admission rate of any of the nativity classifications being considerably higher than the rate of 117 noted for the foreign born.

In summarizing, we note that the foreign born have an admission rate which is higher than the native born. In the native born those of native parentage show the low rate. The native born of foreign parentage are only slightly higher. However, the native born having one parent foreign and the other parent native show extremely high admission rates all out of proportion to the others observed.

In the court readmissions the foreign born show an admission rate of 26 and the native born a higher rate of 29. The excess of foreign born observed in the first court admissions is wiped out entirely and replaced in the readmissions by a slight excess of native born. Dividing the native born into basic groups, we see the same situation as was observed in first court admissions. The native born of native parentage show the low rate of 25. The native born of foreign parentage present a rate of 26, and the native born having one parent foreign born and the other parent native born have the high rate of 47. In the court first admissions, the native born of mixed parentage showed a rate which was about 66% higher than the native group of native parentage or the native group of foreign parentage. In the readmissions we observe that the native born of mixed parentage are presenting a rate which is about 81% higher than the other two groups. This is extremely significant as it shows that the native born of mixed parentage are not only showing the high admission rates in first admissions but are also showing an even greater tendency to predominate in the readmissions. This group is making a poorer showing in reference to the possibility of readmission than was observed in the first admissions.

AVERAGE ADMISSION AGES OF NATIVE AND FOREIGN BORN, 1935, BY TYPE OF ADMISSION

Table 23 reveals that the average admission age of native born first court admissions was 44.7 years, while the foreign born in this group were admitted at an average age of 56.0 years, a difference of 11.3 years. Among the readmissions the native born came into the hospitals at an average admission age of 41.9 years, and the foreign born at 50.3 years, a difference of 8.4 years.

In interpreting this table, it must be remembered that there are fewer foreign born in the younger age groups. The restriction of immigration over the past few years has meant that the younger age groups have not been replaced. Those foreign born in the older age groups are steadily growing older. This is not so of the native born who are having all ages replaced. Thus, it may be expected that the foreign born admissions will show higher average admission ages than the native born insofar as they are drawn from older age groupings. In future years the foreign born admissions will grow steadily older in contrast with the native born. This will occur in direct proportion as the foreign born in the general population grow older.

Within the native born group we see a rather different situation. Among the first court admissions, the native born of native parentage show the highest

average admission age of 47.1 years. The native born of foreign parentage are admitted six years earlier or at an average admission age of 41.5 years, while the "mixed" group, one parent native born and the other foreign born, are admitted at 42.1 years. In this material we have an excellent opportunity to observe the real effects of place of birth. The native born of foreign parentage are coming to the hospital 5.6 years earlier than the native born of native parentage. If the parentage is "mixed", the patients are coming into the hospital at an average of 5.0 years earlier than the native born of native parentage.

TABLE 23. — *Admission Ages of Court First Admissions and Readmissions and All Other Admissions, 1935, by Nativity and Parentage: Averages*

NATIVITY	Court First Admissions			Court Readmissions			All Other First Admissions			All Other Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Native Born: . . .	44.1	45.4	44.7	40.4	43.7	41.9	35.3	34.3	34.9	36.3	35.4	35.9
Native parentage . .	46.6	47.6	47.1	43.9	46.7	45.4	36.9	35.0	36.1	38.2	37.6	37.9
Foreign parentage . .	41.7	41.3	41.5	38.5	42.2	40.0	34.9	34.5	34.7	37.6	34.1	36.3
Mixed parentage . .	42.2	42.1	42.1	38.6	40.3	39.4	33.3	32.0	32.7	31.9	33.4	32.6
Parentage Unknown . .	51.1	64.7	58.2	37.5	37.5	37.5	33.6	40.5	37.0	27.6	39.0	32.3
Foreign Born . . .	55.9	56.0	56.0	51.4	49.4	50.3	47.8	46.5	47.2	48.3	45.5	47.2
Aggregate Average Age . . .	48.2	49.1	48.7	43.4	45.8	44.6	38.9	37.8	38.4	39.9	38.2	39.2

(See Tables 166, 167, 168 and 169 for detail)

In the court cases the foreign born readmissions are about three years younger than the foreign born first admissions. In the native born this difference is also about three years. In all other admissions the foreign born first admissions are the same age as the readmissions. The native born readmissions are one year older than the first admissions. We see that the court cases differ markedly from all other admissions, that is, the most differences in age occur in the court cases rather than in persons coming to mental hospitals under other forms of admission.

AVERAGE ADMISSION AGES OF COURT FIRST ADMISSIONS, READMISSIONS AND ALL OTHER FIRST AND READMISSIONS

Table 24 reveals that the average admission age of all court first admissions for 1935 was 48.7 years. The average admission age of readmissions was 4.1 years less, or 44.6 years. The average admission age of all other first admissions was 38.4 years, and that of all other readmissions was 39.2 years. Because of their importance, only the court first and readmissions will be discussed. The highest admission ages for the first court admissions occur in the senile psychoses, 75.4 years; psychoses with cerebral arteriosclerosis, 70.4 years; and psychoses with other disturbances of circulation, 55.9 years. The youngest admission ages are seen in the primary behavior disorders, 17.6 years; with epidemic encephalitis, 24.2 years; without psychoses, 28.1 years; and cases with psychopathic personality, 31.8 years. The psychoses which occur in the older age groups tend to show readmission ages that are younger than the first admission ages. Among the psychoses developing in the earlier years, the readmissions tend to be older in average admission ages.

Considering the sex differences in only the most important psychoses, it will be noted that among the first admissions the greatest variations between the sexes are observed in dementia praecox (males 31.1 years, females 35.0 years); paranoia (males 47.1 years, females 50.2 years); and psychopathic personality (males 35.2 years, females 28.2 years). In the readmissions there are tendencies to still wider variations. Here we find several of the important psychoses showing more than a five year gap between the admission ages of the males and the females. On the average, in both court first admissions and readmissions, the females show the higher average admission ages.

TABLE 24. — Admission Ages of Court First Admissions and Readmissions and All Other Admissions, by Mental Disorders and Sex, 1935: Averages in Years

MENTAL DISORDERS	COURT FIRST ADMISSIONS			COURT READMISSIONS			ALL OTHER FIRST ADMISSIONS			ALL OTHER READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	45.8	45.0	45.7	44.7	44.1	44.6	42.8	43.4	42.9	48.2	52.5	48.5
With other forms of syphilis	54.6	43.3	51.5	42.5	47.5	45.0	45.8	52.5	49.1	48.7	22.5	43.5
With epidemic encephalitis	20.2	27.5	24.2	17.5	27.5	20.8	30.0	27.5	29.5	13.2	17.5	16.0
With other infectious diseases	45.6	40.8	42.7	37.5	—	37.5	43.8	37.5	42.8	62.5	—	62.5
Alcoholic psychoses	47.4	47.0	47.3	49.4	51.2	49.5	41.8	43.3	42.0	43.5	44.5	43.7
Due to drugs, etc.	47.5	49.6	48.7	37.5	—	37.5	44.4	39.8	42.1	30.0	40.8	36.5
Traumatic psychoses	50.0	47.5	49.0	32.5	—	32.5	37.5	50.0	39.5	32.5	—	32.5
With cerebral arteriosclerosis	70.0	71.0	70.4	66.7	69.2	68.0	68.8	67.0	68.3	55.8	59.1	56.9
With other disturbances of circulation	61.0	51.9	55.9	72.5	42.5	57.5	59.3	51.6	56.0	57.5	—	57.5
With convulsive disorders (epilepsy)	35.4	36.7	35.9	38.0	42.0	40.2	27.4	30.0	29.7	34.5	39.1	35.9
Senile psychoses	75.1	75.7	75.4	73.5	71.5	72.0	72.5	73.7	73.1	77.5	70.0	72.5
Involutional psychoses	54.0	51.9	52.5	56.8	51.0	54.1	53.6	51.4	52.2	52.5	47.5	50.8
Due to other metabolic diseases, etc.	52.2	47.6	49.6	37.5	59.1	50.5	54.3	43.0	46.2	40.0	42.5	40.8
Due to new growth	46.6	62.5	48.9	57.5	—	57.5	52.5	52.5	52.5	—	57.5	57.5
Psychoneuroses	42.1	48.1	43.9	47.5	42.5	44.3	54.1	43.4	47.3	35.0	47.5	43.3
Manic-depressive psychoses	38.3	38.4	38.3	38.7	43.1	41.6	38.0	34.9	36.4	41.2	36.5	39.2
Dementia praecox	39.8	39.6	39.7	44.8	46.5	45.7	37.0	37.6	37.4	40.7	39.4	39.9
Paranoia and paranoid conditions	31.1	35.0	33.1	37.3	40.7	38.9	33.7	36.6	35.3	34.5	39.7	36.8
With psychopathic personality	47.1	50.2	49.2	54.1	51.3	51.7	44.3	48.4	47.0	49.1	45.5	46.3
With mental deficiency	35.2	28.2	31.8	40.0	35.0	38.3	32.7	31.0	31.9	39.7	28.7	32.7
Undiagnosed psychoses	32.0	35.1	33.5	39.8	35.4	37.3	28.6	33.3	30.7	24.6	27.5	25.9
Without psychoses	33.5	32.2	32.7	54.1	—	54.1	35.0	38.2	36.6	41.7	40.7	41.3
Primary behavior disorders	28.4	27.5	28.1	31.4	33.2	32.3	34.9	31.8	33.9	39.6	36.4	38.4
.	17.7	17.5	17.6	—	32.5	32.5	20.7	24.9	22.2	30.1	17.5	23.3
Total	48.2	49.1	48.7	43.4	45.8	44.6	38.9	37.8	38.4	39.9	38.2	39.2

(See Tables 174, 175, 176 and 177 for detail)

Contrary to the court first and readmissions, it will be observed that the average admission age of the males is greater in both all other first and all other readmissions.

Table 25 shows the average ages at admission by institution. The highest average ages at first admission are found at the Boston State Hospital, 55.1 years; Gardner State Hospital, 50.9 years; and Danvers State Hospital, 50.3 years. The lowest average admission ages are observed at the Psychopathic Hospital with 37.3 years, and the Monson State Hospital with 24.8 years. Most of the institutions show higher ages at first admission than at readmission. The wide variations in the average admission ages of the various institutions point out very clearly the varying medical and psychiatric problems confronting the different institutions. Those institutions which draw their admissions from the older age groups will have entirely different problems of medical and psychiatric care than those institutions drawing patients from the younger ages.

COUNTRY OF BIRTH OF FOREIGN BORN COURT ADMISSIONS

Table 26 considers the foreign born first admissions and readmissions, 1935, and compares these with the foreign born population 15 years of age and over in accordance with the 1930 census. Consulting the fifth column giving the rates for first admissions, we note that Austria presents the high admission rate of 259 per hundred thousand of the population originally coming to this country from Austria. Portugal is second with a rate of 201, Germany third with 163, Ireland fourth with 155, France fifth with 151, and Italy sixth with 119. Russia, Greece, Scotland and Sweden show the low rates of 99, 96, 95 and 93, respectively.

If we work out the ratios between first admissions and readmissions, it is evident that the foreign born from certain countries are showing a greater tendency to readmission than those coming from other countries. Countries making the best showing, that is a lesser tendency to readmission, are, in order, Greece, Austria, England and Italy. Countries making a poorer showing, that is a greater tendency to readmission are, in order, Finland, Russia, Sweden and Poland.

TABLE 25. — *Age at Admission of Court First Admissions and Readmissions, 1935, by Hospitals: Averages*

HOSPITALS	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Boston State	56.1	54.2	55.1	42.2	45.4	43.7
Boston Psychopathic	40.5	32.7	37.3	35.5	36.5	36.0
Danvers	50.4	50.3	50.3	43.7	44.3	44.0
Foxborough	46.7	46.4	46.6	42.0	49.5	47.6
Gardner	49.2	52.1	50.9	33.5	48.0	43.0
Grafton	44.1	41.6	43.2	44.2	51.2	47.3
Medfield	46.7	47.5	47.1	52.3	40.2	45.0
Northampton	50.7	48.0	49.0	40.2	50.5	45.9
Taunton	47.8	50.0	48.8	45.6	43.4	44.5
Westborough	51.0	49.3	50.1	45.0	48.9	46.9
Worcester	47.9	50.0	48.8	44.8	47.8	46.2
Monson	23.2	28.3	24.8	30.0	33.6	32.0
McLean	37.9	42.3	40.5	49.0	49.4	49.2
Bridgewater	38.4	—	38.4	49.2	—	49.2
Tewksbury	—	—	—	—	—	—
Veterans' Administration Facility No. 107	46.0	—	46.0	43.3	—	43.3
Veterans' Administration Facility No. 95	47.9	—	47.9	41.3	—	41.3
All Hospitals	48.2	49.1	48.7	43.4	45.8	44.6

(See Tables 178 and 179 for detail)

COUNTRY OF ORIGIN OF NATIVE BORN COURT FIRST ADMISSIONS

Table 27 presents the country of origin of native born court first admissions and readmissions during 1935 compared with the population of same country of origin 15 years of age and over in accordance with the 1930 census. Column five presents the admission rates arranged in order of importance. Austria with a rate of 259 is first, Greece second with 235, Portugal third with 168, Finland fourth with 135, and Ireland fifth with 113. Patients having the United States as the country of origin show a rate of 110 admissions per hundred thousand. The countries of origin showing the lowest admission rates are Canada with 69, France with 72, Poland with 79 and Scotland with 83.

TABLE 26. — *Country of Birth of Foreign Born Court First Admissions and Readmissions, 1935, Compared with Foreign Born Population of State 15 Years of Age and Over, 1930 Census: Rates per 100,000 Population*

COUNTRY OF BIRTH OF FOREIGN BORN				RATES PER 100,000 POPULATION SAME COUNTRY OF BIRTH	
COUNTRY	Population 1930 Census	Court First Admissions 1935	Court Re- admissions 1935	First Admissions	Read- missions
Austria	4,244	11	1	259	23
Portugal	24,376	49	9	201	36
Germany	20,230	33	6	163	29
Ireland	157,770	245	64	155	40
France	5,925	9	2	151	33
Italy	123,452	147	25	119	20
England	76,943	85	14	110	18
Poland	71,072	75	20	105	28
Canada ¹	284,465	303	57	106	20
Finland	12,902	13	7	100	54
Russia	67,262	67	28	99	41
Greece	16,598	16	1	96	6
Scotland	31,345	30	6	95	19
Sweden	36,343	34	12	93	33
All Other Countries	96,862	94	17	97	17
Total	1,029,789	1,211	269	117	26

(See Tables 164, 165, 170 and 171 for detail)

¹Includes Newfoundland.

By working out the ratios between the rates for first and readmissions we observe the tendency to readmission in certain countries of origin. The best showing in this respect, that is the lowest tendency to readmission, is observed in patients with Finland and Poland as the country of origin. Next in order of importance are Italy and France. The poorest showing, that is the greatest tendency to readmission, is noted in patients with Russia as their country of origin. Next in order of importance are Germany, Scotland and Sweden.

TABLE 27. — *Country of Origin of Native Born Court First Admissions and Readmissions, 1935, Compared with Nativity Groups of Same Country of Origin 15 Years of Age and Over, 1930 Census: Rates per 100,000 Population*

COUNTRY OF ORIGIN OF NATIVE BORN				RATES PER 100,000 POPULATION, SAME COUNTRY OF ORIGIN	
COUNTRY	Population 1930 Census	Court First Admissions 1935	Court Re- admissions 1935	First Admissions	Read- missions
Austria	4,238	11	3	259	70
Greece	2,967	7	2	235	67
Portugal	13,628	23	5	168	36
Finland	8,098	11	1	135	12
Ireland	338,599	383	117	113	34
United States	939,318	1,037	286	110	30
Italy	77,738	82	16	105	20
Sweden	32,419	30	11	92	33
Germany	43,570	40	18	91	41
England	95,684	87	24	90	25
Russia	44,637	39	19	87	42
Scotland	31,272	26	10	83	31
Poland	49,170	39	6	79	12
France	6,937	5	1	72	14
Canada ¹	304,303	212	64	69	21
All Other Countries	58,824	51	12	86	20
Unknown	—	139	12	—	—
Total	2,051,402	2,222	607	108	29

(See Tables 172 and 173 for detail)

¹Includes Newfoundland.

It is interesting to compare the tendencies of various countries in reference to readmission in both the foreign born (Table 26) and the native born (Table 27). In the four countries making the best showing in reference to readmissions, Italy is the only one preserving its high standing in both the foreign born and the native born with Italy as the country of origin. In reference to the four countries making the poorest showing, both Russia and Sweden are present in both the foreign born and the native born. Particularly interesting is the point that while the foreign born from Finland and Poland make a poor showing in reference to readmission in the first generation (the foreign born), they are among the leading four in the second generation (the native born, with Finland and Poland as countries of origin).

COUNTRY OF BIRTH OF FOREIGN BORN COURT FIRST ADMISSIONS

Table 28 compares the admission rates for the foreign born by country of birth with the country of origin of the native born in rates per hundred thousand of the population 15 years of age and over in the general population from the same countries. These cases coming to hospital under court commitment show admission rates of 117 per hundred thousand for the foreign born and a rate of 108 for the native born. The chief value of this table lies in its opportunity to present a comparison between the admission rates for the foreign born from a particular country and the native born whose parents came from the same country. Austria, the country leading both lists, shows the same admission rate of 259 in the foreign born and in the native born with Austria as country of origin. In the remainder of the list considerable differences are observed, usually the foreign born showing higher admission rates than the native born of the same country of origin. Only two countries, Finland and Greece, show higher admission rates in the native born groups, all others showing higher admission rates for the foreign born. Arranging the countries in order of importance, we observe that the native born of French parentage show a rate of 72 per hundred thousand, which is about 47 per cent of that observed in the foreign born from this country, 151. For Germany, the native born rate is about 55 per cent of that of the foreign born. In the group from Canada, the rate for the native born of Canadian parentage is 65 per cent of the rate of the foreign born. In the case of Ireland, the rate for the native born is about 72 per cent of that of the foreign born. At the other extreme, in the case of Finland, the admission rate for the native born is 35 per cent higher than that of the foreign born. The rate of native born admissions with Greece as country of origin is 144 per cent higher than the admission rate of the foreign born from Greece.

TABLE 28. — *Country of Birth of Foreign Born and Country of Origin of Native Born Court First Admissions to Mental Hospitals, 1935: Rates per 100,000 Population, 15 Years of Age and over of Same Countries, 1930 Census*

COUNTRIES	Country of Birth of Foreign Born Rates per 100,000	Country of Origin of Native Born Rates per 100,000
Austria	259.	259.
Portugal	201.	168.
Germany	163.	91.
Ireland	155.	113.
France	151.	72.
Italy	119.	105.
England	110.	90.
Canada ¹	106.	69.
Poland	105.	79.
Finland	100.	135.
Russia	99.	87.
Greece	96.	235.
Scotland	95.	83.
Sweden	93.	92.
United States	—	110.
All other countries	97.	86.
Total	117.	108.

(See Tables 170-173 for detail)

¹Includes Newfoundland.

Taking this subject as a whole it would appear that the second generation (children of the foreign born) have less difficulty in reference to mental disease than the first generation coming to America from foreign countries. This appears to apply particularly to those coming from France, Germany, Ireland and Poland. In the other countries the differences are smaller or actually negative and may be accounted for by the differences in age distribution.

CITIZENSHIP OF COURT FIRST ADMISSIONS

Table 29 presents the citizenship of court first admissions to mental hospitals during the year 1935. It will be observed that 64.5 per cent of these were citizens by birth, 28.0 per cent were foreign born, and in 7.5 per cent the citizenship was unknown. The foreign born show 12.0 per cent of citizens by naturalization, and 16.0 per cent aliens. The sexes do not present significant differences except in the foreign born. Here we see the tendency for the males to present a larger proportion who are citizens by naturalization although both sexes show similar proportions of aliens.

TABLE 29. — *Citizenship of First Court Admissions, 1935: Number and Percent*

CITIZENSHIP	TOTAL		MALES		FEMALES	
	Number	Percent	Number	Percent	Number	Percent
Citizens by birth	2,222	64.5	1,190	64.7	1,032	64.2
Citizens by naturalization	412	12.0	249	13.5	163	10.2
Aliens	551	16.0	295	16.1	256	15.9
Citizenship Unknown	259	7.5	104	5.7	155	9.7
Total	3,444	100.0	1,838	100.0	1,606	100.0

(See Table 187 for detail)

TABLE 30. — *Marital Status of Court First and Readmissions and All Other Admissions, 1935: Rates per 100,000 State Population of Same Marital Status, U. S. Census, 1930*

MARITAL STATUS	COURT FIRST ADMISSIONS						COURT READMISSIONS					
	Number			Rate			Number			Rate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	809	555	1,364	148.2	100.5	124.2	230	156	386	42.1	28.2	35.1
Married ¹	703	656	1,359	84.8	78.3	81.5	175	186	361	20.6	22.0	21.3
Widowed	227	329	556	313.4	180.8	218.6	31	59	90	42.8	32.4	35.3
Divorced	55	40	95	518.3	266.3	370.6	17	11	28	160.2	73.2	109.2
Separated	36	25	61	—	—	—	5	6	11	—	—	—
Unknown	8	1	9	284.9	52.6	191.2	—	—	—	—	—	—
Total	1,838	1,606	3,444	122.3	99.1	110.3	458	418	876	30.4	25.7	28.0

MARITAL STATUS	ALL OTHER FIRST ADMISSIONS						ALL OTHER READMISSIONS					
	Number			Rate			Number			Rate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	632	417	1,049	115.8	75.5	95.5	224	147	371	41.0	26.6	33.8
Married ¹	571	388	959	70.1	48.5	59.3	192	122	314	23.4	16.3	19.8
Widowed	73	92	165	100.8	50.5	64.8	32	37	69	44.1	20.3	27.1
Divorced	42	24	66	395.8	159.7	257.5	22	11	33	207.3	73.2	128.7
Separated	40	34	74	—	—	—	12	20	32	—	—	—
Unknown	8	—	8	284.9	—	169.9	1	—	1	35.6	—	21.2
Total	1,366	955	2,321	90.9	58.9	74.3	483	337	820	32.1	20.7	26.2

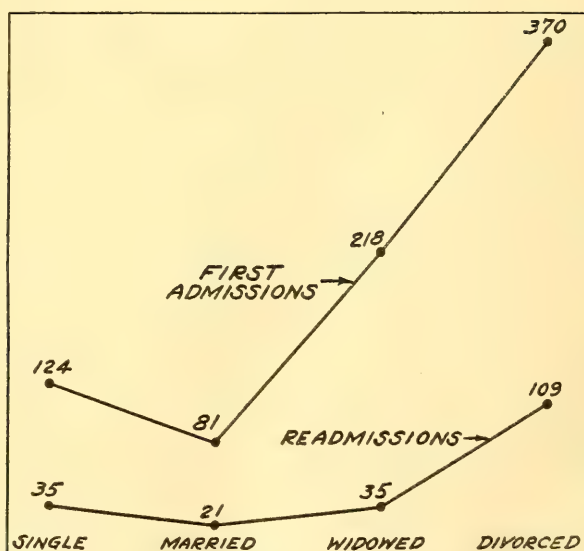
(See Tables 188, 189, 190 and 191 for detail)

¹Rate includes "married" and "separated".

MARITAL STATUS OF COURT FIRST AND READMISSIONS, AND ALL OTHER FIRST AND READMISSIONS

Table 30 and Graph 2 present data outlining the numbers and rates per 100,000 of the various marital groups admitted to mental hospitals in Massachusetts. Among the first court admissions the married patients show the lowest admission rate, 81.5. Next in order are the single group with 124.2; the widowed with 218.6; and the divorced group showing the highest admission rate of all, 370.6. Differences between sexes are most apparent in the widowed and divorced groups. In each of the marital groups the males show a much higher admission rate than the females, although the difference is not so marked among the married as among the others.

In the court readmissions the married again present the lowest admission rate of 21.3. The single are second with a rate of 35.1; the widowed third with 35.3; while the divorced show the highest rate of 109.2. The admission rate of the males is higher than that of the females in the single, widowed and divorced groups. Among the married the females show the higher rate of the two. In all other first and readmissions we note the same general characteristics as observed in the Court cases with the possible exception of the unusually high rates observed for the divorced group. In comparison with the other groups, very large proportions of the divorced are sent to mental hospitals using admission forms other than Court commitment.



GRAPH 2. — MARITAL CONDITION OF COURT FIRST ADMISSIONS AND READMISSIONS, 1935. RATES PER 100,000 POPULATION OF SAME MARITAL CONDITION IN MASSACHUSETTS POPULATION, 1930 CENSUS

It appears that marital status is an important factor in the admission of an individual to a mental hospital. In Table 30 it will be noted that the married show the lowest admission rate in all forms of admission whether first admission or readmission. If the individual has been married but is widowed, the death of the life partner evidently greatly increases his chance of admission. If the husband or wife has been divorced, he is given an even higher rate of admission. Those remaining single are in a somewhat better position. Relatively, our admissions to mental hospitals are made up chiefly of individuals who are single, widowed or divorced. Much smaller proportions of the married are being admitted.

MARITAL STATUS AND AVERAGE ADMISSION AGE

Table 31 shows that among the first court admissions, the highest average admission age of 68.1 years occurs among the widowed. Next in order are the divorced and married groups with 50.4 and 50.1 years respectively; the separated group, 48.2 years; and the single group with 39.2 years. Sex differences are observed in that the married females, 46.7 years, are admitted nearly seven years earlier than the married males, 53.3 years. The divorced and separated females are admitted two years and fourteen years earlier, respectively, than the males. In the single group, however, the females are admitted three years later than the single males.

TABLE 31. — *Admission Ages of Court First and Readmissions and All Other Admissions, 1935, by Marital Status: Averages*

MARITAL STATUS	COURT FIRST ADMISSIONS			COURT READMISSIONS			ALL OTHER FIRST ADMISSIONS			ALL OTHER READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	38.0	41.0	39.2	37.4	38.6	37.9	30.4	29.8	30.1	32.3	31.3	31.9
Married	53.3	46.7	50.1	49.2	46.8	48.0	45.6	41.7	44.0	46.0	41.9	44.4
Widowed	68.0	68.2	68.1	57.9	62.4	60.8	58.9	58.3	58.6	54.6	52.2	53.4
Divorced	51.3	49.2	50.4	42.0	45.0	43.2	43.5	41.6	42.8	44.5	42.2	43.7
Separated	54.1	39.8	48.2	37.0	41.6	39.5	44.0	39.7	42.0	40.8	40.5	40.6
Unknown	63.7	75.0	65.0	—	—	—	56.2	—	56.2	45.0	—	45.0
All Groups	48.2	49.1	48.7	43.4	45.8	44.6	38.9	37.8	38.4	39.9	38.2	39.2

(See Tables 192, 193, 194 and 195 for detail)

Among the readmissions essentially the same condition prevails. Here the widowed again show the highest average admission age of 60.8 years. The married are next with 48.0 years; the divorced next with 43.2 years; the separated next with 39.5 years; while the single are the youngest of all, 37.9 years. Sex differences among the readmissions are not so important as among the first admissions and they tend to cling closer together. Whatever effect marital status may have had upon the first admissions, it is evident that this has been largely removed by the time the cases are readmitted to a mental hospital.

All other admissions present the same general trends as observed in the court admissions. However, we note that while the court readmissions tend to be younger than the court first admissions in all marital groups, the single, married and divorced among all other readmissions are older than the same marital groups in all other first admissions. In general, the ages of all other admissions in the various marital groups are about eight or ten years less than those of the court admissions. The widowed show the high age of 58.6 years among all other first admissions; the married are second with an age of 44.0 years; the divorced and separated next with an average admission age of 42.8 years and 42.0 years, respectively; and the single are last with 30.1 years.

ECONOMIC STATUS OF COURT FIRST AND READMISSIONS AND ALL OTHER FIRST AND READMISSIONS

In Table 32 the court first admissions present 26 per cent of dependent cases, while the court readmissions show but 21 per cent dependent. In other words the dependent tend to make up more of the first admissions than of the readmissions. The marginal group constitute 62 per cent of court first admissions and 72 per cent of court readmissions. Here we have an economic group which apparently tends to show its larger numbers among the readmissions. The comfortable group with 5 per cent of first admissions, 4 per cent of readmissions is apparently not tending to readmission. In all other first admissions we note opposing findings. Here the dependent group makes up 23 per cent of first admissions and 25 per cent of readmissions. The marginal group makes up 70 per cent of first admissions and 68 per cent of readmissions.

In the court first admissions the males show higher percentages than the females in both the dependent and marginal groups, the females presenting more patients in the comfortable group. In the court readmissions the males present definitely higher percentages than the females in the dependent group while the females show

higher percentages in both the marginal and comfortable groups. The more conclusive differences are seen in the court readmissions with the dependent males showing greater tendency to return. However, the females showing tendencies to readmission are found in the marginal and comfortable groups.

TABLE 32. — *Economic Status of Court First and Readmissions and All Other Admissions, 1935: Percentage Distribution*

ECONOMIC STATUS	COURT FIRST ADMISSIONS						COURT READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	524	400	924	28.5	24.9	26.8	125	62	187	27.3	14.8	21.3
Marginal .	1,159	1,002	2,161	63.1	62.4	62.8	314	324	638	68.5	77.5	72.9
Comfortable .	89	100	189	4.8	6.2	5.5	15	27	42	3.3	6.5	4.8
Unknown .	66	104	170	3.6	6.5	4.9	4	5	9	.9	1.2	1.0
Total .	1,838	1,606	3,444	100.0	100.0	100.0	458	418	876	100.0	100.0	100.0

ECONOMIC STATUS	ALL OTHER FIRST ADMISSIONS						ALL OTHER READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent .	336	205	541	24.6	21.5	23.4	120	87	207	24.8	25.8	25.2
Marginal .	957	675	1,632	70.0	70.7	70.3	333	232	565	68.9	68.9	68.9
Comfortable .	54	49	103	4.0	5.1	4.4	24	17	41	5.1	5.0	5.0
Unknown .	19	26	45	1.4	2.7	1.9	6	1	7	1.2	.3	.9
Total .	1,366	955	2,321	100.0	100.0	100.0	483	337	820	100.0	100.0	100.0

(See Tables 200, 201, 202 and 203 for detail)

ENVIRONMENT OF COURT FIRST AND READMISSIONS AND ALL OTHER FIRST AND READMISSIONS

Table 33 indicates that all first admissions show a high admission rate in the urban group, 140 per 100,000, which is 180 per cent higher than the rural rate of 49. All readmissions show a rate in the urban group of 39 which is 187 per cent higher than the rural rate of 13. In other words, the urban admissions predominate among the readmissions. Court first admissions present a rate of 83 in the urban group which is 129 per cent higher than the rural rate of 36. All other first admissions present a rate of 56 in the urban group which is 317 per cent higher than the rate of 13 for the rural group. Evidently the temporary, observation and voluntary forms of admission are used to a far greater extent in the urban cities and towns, while the court admissions are more favored in the rural districts. In the court readmissions the urban rate of 19 is 109 per cent higher than the rural rate of 9. In all other readmissions the urban rate of 19 is 358 per cent higher than the rural rate of 4. The same excess of urban admissions exists in readmissions as was observed in first admissions.

POPULATION OF PLACE OF RESIDENCE OF COURT FIRST ADMISSIONS AND READMISSIONS AND ALL OTHER FIRST AND READMISSIONS

Table 34 presents the numbers of court first and readmissions and all other first and readmissions coming from the various population groupings. It also presents the numbers of the State population falling in these population groups and the admission rates per 100,000 for each. The material is also outlined in Graph 3 for first and readmissions.

As far as the effect of population is concerned, two definite factors are evident here. In the court first admissions, the highest rates are observed in admissions from the villages, 76.0; from the cities of over 100,000 population, 77.5; and the

largest cities with populations over 250,000, 103.4. The lowest rate is seen in the fourth group, the cities with populations between 25,000 and 49,999, with a rate of 69.2. Evidently the most favorable population groups from the standpoint of admissions to mental hospitals are the smaller or intermediate cities. The most unfavorable population groups are the villages and the very large cities. It is interesting to observe that the rural districts show an admission rate which is fairly close to that of the larger cities. The court readmissions show no significant differences in the smaller population groups but a very high admission rate for the largest cities. All other first admissions show their lowest rates in the villages and have extremely high rates for the largest cities. All other readmissions continue to show this low rate for the villages and again show extremely high admission rates for the largest cities.

TABLE 33. — *Environment of Court First and Readmissions and All Other Admissions, 1935: Rates per 100,000 Population of Same Environment, 1930 Census*

	Total	Urban	Rural	Unknown
Court First Admissions:				
Number	3,444	3,191	152	101
Rate	81.0	83.2	36.3	—
Court Readmissions:				
Number	876	766	40	70
Rate	20.6	19.9	9.5	—
All Other First Admissions:				
Number	2,321	2,178	57	86
Rate	54.6	56.8	13.6	—
All Other Readmissions:				
Number	820	756	18	46
Rate	19.2	19.7	4.3	—
All First Admissions:				
Number	5,765	5,369	209	187
Rate	135.6	140.1	49.9	—
All Readmissions:				
Number	1,696	1,522	58	116
Rate	39.9	39.7	13.8	—
All Admissions:				
Number	7,461	6,891	267	303
Rate	175.5	179.8	63.8	—

TABLE 34. — *Population of Place of Residence of Court First and Readmissions and All Other Admissions, 1935: Rates per 100,000 Same Population Units, 1930 Census*

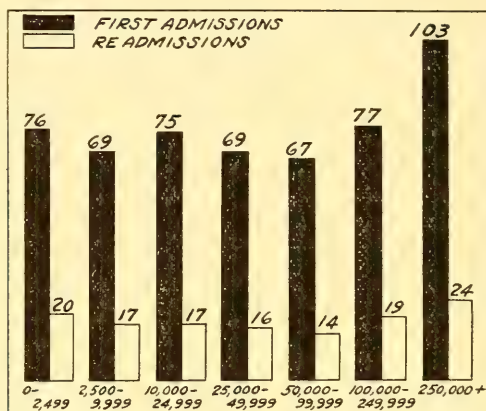
POPULATION	Population in Each Unit - 1930 Census	COURT FIRST ADMISSIONS		COURT READMISSIONS		ALL OTHER FIRST ADMISSIONS		ALL OTHER READMISSIONS	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate
0- 2,499.	199,957	152	76.0	40	20.0	57	28.5	18	9.0
2,500- 9,999.	544,976	378	69.3	96	17.6	181	33.2	57	10.4
10,000- 24,999.	693,428	523	75.4	123	17.7	308	44.4	80	11.5
25,000- 49,999.	576,467	399	69.2	96	16.6	292	50.6	91	15.7
50,000- 99,999.	460,411	313	67.9	67	14.5	185	40.1	70	15.2
100,000-249,999.	993,187	770	77.5	195	19.6	385	38.7	132	13.2
250,000 +	781,188	808	103.4	189	24.1	827	105.8	326	41.7
Unknown	—	101	—	70	—	86	—	46	—
Total	4,249,614	3,444	81.0	876	20.6	2,321	54.6	820	19.2

(See Tables 204, 205, 206 and 207 for detail)

DEGREE OF EDUCATION OF COURT FIRST AND READMISSIONS AND ALL OTHER FIRST AND READMISSIONS

Table 35 indicates that the greater number of cases admitted to State hospitals have had a common school education with high school education ranking next in order. Court first admissions show 6 per cent illiterate, while court readmissions have but 3 per cent in this group. At the other extreme court first admissions have 19 per cent of high school education and 3 per cent in the college group, while the readmissions have 22 per cent of high school grade and 4 per cent in the college

group. It is apparent that persons of higher educational accomplishments are tending to return to mental hospitals to a greater extent than those of more limited educational advantages. The other forms of admission show practically these same characteristics with the exception that they show higher percentages in the upper educational levels. All other first admissions are 23 per cent high school grade and 5 per cent college grade. All other readmissions are 24 per cent high school education and 7 per cent of the college level. Again we note the tendency for the readmissions to show higher educational qualifications.



GRAPH 3. — POPULATION OF PLACE OF RESIDENCE OF COURT FIRST ADMISSIONS AND READMISSIONS, 1935: ADMISSION RATES PER 100,000 OF SAME POPULATION GROUP.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS AND READMISSIONS

Table 36 gives the number and per cent of first regular court admissions and readmissions classified as intemperate in the use of alcohol, by psychoses. Of the total first regular court admissions, (3,444 cases), 651 or 18.9 per cent were classified as being intemperate, 29.2 per cent for males and 7.1 per cent for females. We observe that the alcoholic psychoses show 100 per cent of admissions as intemperate. Of the more important psychoses, we note that the highest percentages of intemperate cases are found in the psychoses with syphilitic meningo-encephalitis, 23.1 per cent; with cerebral arteriosclerosis, 14.4 per cent; the manic-depressive psychoses, 11.6 per cent; and the psychoneuroses, 11.2 per cent. The lowest percentages of admissions with intemperate habits are observed in involuntal psychoses, 4.4 per cent; with mental deficiency, 6.2 per cent; and epilepsy, 7.4 per cent.

Of the total 876 readmissions, 163 or 18.6 per cent were classified as intemperate, 30.3 per cent for the males and 5.7 per cent for the females. Here again we observe that the alcoholic psychoses show 100 per cent of cases intemperate. Among the more important psychoses, we note that the highest percentages of intemperate are found in the psychoses with cerebral arteriosclerosis, 27.5 per cent; psychoses with syphilitic meningo-encephalitis, 21.4 per cent; the psychoneuroses, 16.6 per cent; and the manic-depressive psychoses, 10.2 per cent.

INTEMPERATE USE OF ALCOHOL IN FIRST COURT ADMISSIONS, 1917-1935

Table 37 reveals the numbers of first regular court admissions by years, and also gives the numbers and percentages considered as intemperate for each of these years. It will be observed that the highest percentage of intemperate users of alcohol was 27.7 per cent in the year 1917. The lowest percentage was observed in the year 1920, 10.6 per cent. After 1920 we observed a gradual rise until we reach 1927 where the recorded percentage was 18.2 per cent. The percentages for

1928 and 1929 remained the same, 16.7 per cent for both years. There has been a tendency toward a slight decrease in the percentages since 1927, although the last two years have shown an increase in the number of intemperate cases.

TABLE 35. — *Degree of Education of Court First and Readmissions and All Other Admissions, 1935: Number and Percent*

DEGREE OF EDUCATION	COURT FIRST ADMISSIONS						COURT READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	124	106	230	6.7	6.6	6.7	17	17	34	3.7	4.1	3.9
Reads only	19	5	24	1.0	.3	.7	2	6	8	.4	1.4	.9
Reads and Writes	150	87	237	8.2	5.4	6.9	22	23	45	4.8	5.5	5.2
Common School	1,037	826	1,863	56.4	51.4	54.1	285	248	533	62.3	59.3	60.8
High School	311	357	668	16.9	22.2	19.4	99	98	197	21.6	23.5	22.5
College	68	62	130	3.7	3.9	3.8	23	20	43	5.0	4.8	4.9
Unknown	129	163	292	7.1	10.2	8.4	10	6	16	2.2	1.4	1.8
Total	1,838	1,606	3,444	100.0	100.0	100.0	458	418	876	100.0	100.0	100.0

DEGREE OF EDUCATION	ALL OTHER FIRST ADMISSIONS						ALL OTHER READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	69	48	117	5.1	5.0	5.0	18	13	31	3.7	3.9	3.8
Reads only	9	5	14	.7	.5	.6	4	3	7	.8	.9	.9
Reads and Writes	81	31	112	5.9	3.2	4.8	30	9	39	6.2	2.7	4.8
Common School	785	517	1,302	57.5	54.2	56.1	260	201	461	53.8	59.6	56.1
High School	271	264	535	19.8	27.7	23.1	119	85	204	24.6	25.2	24.9
College	91	46	137	6.7	4.8	5.9	42	22	64	8.7	6.5	7.8
Unknown	60	44	104	4.3	4.6	4.5	10	4	14	2.2	1.2	1.7
Total	1,366	955	2,321	100.0	100.0	100.0	483	337	820	100.0	100.0	100.0

(See Tables 196, 197, 198 and 199 for detail)

Interesting sex differences are observed in the percentages of admissions over the period of years. The percentage of first admissions with intemperate habits among the males decreased from 41.4 per cent in 1917 to 29.2 per cent in 1935. The females decreased from 12.2 per cent in 1917 to 7.1 per cent in 1935. Roughly this is a 29 per cent decrease for the males and 41 per cent decrease for the females.

NUMBER AND PERCENTAGE OF CERTAIN PSYCHOSES IN FIRST COURT ADMISSIONS, 1917-1935

Table 38A to 38J, inclusive, show the percentages of first admissions for certain psychoses over the period of years 1917-1935, inclusive. Only those psychoses which were most important numerically are represented. These figures begin in the year 1917 for the reason that the classification of mental diseases, as approved by the American Psychiatric Association and the National Committee for Mental Hygiene, was uniformly employed by all institutions throughout the State from that date.

Senile Psychoses

Table 38A gives the percentages of first admissions diagnosed as senile psychoses for the years 1917-1935. The highest percentages occur in the years 1920 and 1921. We observe a slight tendency for the last five or six years to run a trifle lower than the first five or six years of this series. However, the results fluctuate so much that a definite statement is unjustified. Over the nineteen-year period 8.8 per cent of all first court admissions were cases with senile psychoses. It will be observed that the percentage of females is almost twice that of the males for this psychosis.

TABLE 36. — *Court First and Readmissions Classified as Intemperate in the Use of Alcohol, 1935, by Mental Disorders: Numbers and Percentages*¹

MENTAL DISORDERS	TOTAL FIRST ADMISSIONS			NUMBER INTERMEDIATE			PERCENTAGE INTERMEDIATE			TOTAL READMISSIONS			NUMBER INTERMEDIATE			PERCENTAGE INTERMEDIATE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Alcoholic psychoses	205	40	245	205	40	245	100.0	100.0	100.0	57	4	61	57	4	61	100.0	100.0	100.0
Due to drugs, etc.	5	7	12	1	3	4	20.0	42.8	33.3	1	1	1	1	1	1	100.0	—	100.0
Primary behavior disorders	2	1	3	1	1	2	50.0	—	33.3	—	—	—	—	—	—	—	—	—
With psychopathic personality	22	21	43	8	4	12	36.3	19.0	27.9	8	4	12	3	1	4	37.5	25.0	33.3
Without psychoses	40	16	56	12	3	15	30.0	18.7	26.8	14	13	27	4	4	8	28.6	—	14.8
Undiagnosed psychoses	10	15	25	4	2	6	40.0	13.3	24.0	3	—	3	1	—	1	—	—	—
Due to other metabolic diseases, etc.	22	29	51	11	1	12	50.0	3.4	23.5	2	3	5	1	1	2	50.0	33.3	40.0
With syphilitic meningo-encephalitis	187	51	238	51	4	55	27.3	7.8	22.1	25	3	28	6	—	6	24.0	—	21.4
With other forms of syphilis	16	6	22	3	2	5	18.7	33.3	22.7	1	1	2	1	1	1	—	100.0	50.0
With other infectious diseases	8	12	20	2	2	4	25.0	16.6	20.0	1	—	1	—	—	—	—	—	—
With organic changes of nervous system	38	17	55	8	3	11	21.0	17.6	20.0	3	5	8	1	1	2	33.3	20.0	25.0
With cerebral arteriosclerosis	403	292	695	93	7	100	23.1	2.4	14.4	20	20	40	9	2	11	45.0	10.0	27.5
With other disturbances of circulation	14	18	32	4	—	4	28.6	—	12.5	1	1	2	—	—	—	—	—	—
Manic-depressive psychoses	155	214	369	33	10	43	21.3	4.7	11.6	123	150	273	23	5	28	18.7	3.3	10.2
Psychoneuroses	30	59	89	8	2	10	26.7	3.4	11.2	4	8	12	1	1	2	25.0	12.5	16.6
With epileptic encephalitis	4	5	9	1	1	2	—	20.0	11.1	2	1	3	—	—	—	—	—	—
Paranoia and paranoid conditions	28	54	82	6	2	8	21.4	3.7	9.7	3	17	20	—	—	—	—	—	—
Senile psychoses	104	166	270	21	4	25	20.2	2.4	9.2	5	15	20	2	1	3	40.0	6.6	15.0
Dementia praecox	394	396	790	54	18	72	13.7	4.5	9.1	146	134	280	25	5	30	17.1	3.7	10.7
With convulsive disorders (epilepsy)	40	28	68	4	1	5	10.0	3.6	7.4	10	12	22	1	1	2	10.0	8.3	9.1
With mental deficiency	58	55	113	3	4	7	5.2	7.3	6.2	15	19	34	5	1	6	33.3	5.2	17.6
Involutional psychoses	39	98	137	5	1	6	12.8	1.0	4.4	8	7	15	—	—	—	—	—	—
Traumatic psychoses	8	5	13	—	—	—	—	—	—	5	—	5	—	—	—	—	—	—
Due to new growth	6	1	7	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Total	1,838	1,606	3,444	537	114	651	29.2	7.1	18.9	458	418	876	139	24	163	30.3	5.7	18.6

(See Tables 182 and 183 for detail)

¹These percentages are based upon the total of each psychosis of first and readmissions by regular court commitment.

TABLE 37. — *First Court Admissions, 1917-1935, Classified as Intemperate in the Use of Alcohol: Percentage Distribution*¹

YEAR	Total First Admissions			Number Intemperate			Percent of First Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	2,202	1,957	4,159 ²	912	239	1,151	41.4	12.2	27.7
1918	1,984	1,782	3,766 ²	640	144	784	32.3	8.1	20.8
1919	2,017	1,799	3,816 ²	579	110	689	28.7	6.1	18.0
1920	1,457	1,362	2,819	247	51	298	16.2	3.7	10.6
1921	1,661	1,438	3,099	331	63	394	19.9	4.4	12.7
1922	1,782	1,574	3,356	396	85	481	22.2	5.4	14.3
1923	1,450	1,386	2,836	382	66	448	26.3	4.7	15.5
1924	1,574	1,385	2,932	446	62	508	28.3	4.3	17.3
1925	1,564	1,401	2,965	380	72	452	24.3	5.1	15.2
1926	1,491	1,405	2,896	357	67	424	23.9	4.8	14.6
1927	1,478	1,360	2,838	449	67	516	30.4	4.9	18.2
1928	1,643	1,472	3,115	445	77	522	27.0	5.2	16.7
1929	1,573	1,473	3,046	456	58	514	28.9	3.9	16.7
1930	1,663	1,519	3,182	442	75	517	26.5	4.9	16.2
1931	1,617	1,527	3,144	415	72	487	25.6	4.7	15.4
1932	1,625	1,478	3,103	451	75	526	27.8	5.1	16.9
1933	1,694	1,533	3,227	450	65	515	26.6	4.2	15.9
1934	1,787	1,480	3,267	490	79	569	27.4	5.3	17.4
1935	1,838	1,606	3,444	537	114	651	29.2	7.1	18.9

¹Includes all State Hospitals, Bridgewater, Tewksbury and McLean. U.S. Vets. Adm. Facilities No. 95 and No. 107 included in 1929 and thereafter.

²Includes Temporary Care Admissions.

TABLE 38A. — *Number and Percentage with Senile Psychoses First Court Admissions, 1917-1935*¹

YEAR	SENILE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	131	183	314	6.0	9.4	7.6
1918	131	204	335	6.6	11.4	8.9
1919	105	190	295	5.2	10.6	7.7
1920	117	194	311	8.0	14.2	11.0
1921	135	205	340	8.1	14.3	11.0
1922	133	177	310	7.5	11.2	9.3
1923	92	180	272	6.3	13.0	9.6
1924	89	147	236	5.7	10.8	8.1
1925	103	184	287	6.6	13.1	9.7
1926	108	177	285	7.3	12.6	9.8
1927	87	172	259	5.9	12.7	9.1
1928	126	191	317	7.6	12.9	10.1
1929	86	197	283	5.5	13.3	9.3
1930	105	173	278	6.3	11.4	8.7
1931	83	180	263	5.1	11.8	8.4
1932	83	131	214	5.1	8.9	6.9
1933	83	160	243	4.9	8.5	7.5
1934	90	152	242	5.0	10.2	7.4
1935	104	166	270	5.6	10.3	7.8
Total	1,991	3,363	5,354	6.2	11.2	8.8

¹Tables A-J include all State Hospitals, Bridgewater, Tewksbury and McLean. U. S. Vets. Adm. Facilities No. 95 and No. 107 included in 1929 and thereafter.

Psychoses with Cerebral Arteriosclerosis

Table 38B reveals the percentages of first admissions diagnosed as psychoses with cerebral arteriosclerosis for the years 1917-1935. We see a steady and consistent increase in the prevalence of this psychosis from 7.2 per cent in 1917 to 20.2 per cent in 1935. Insofar as the proportion of cases given this clinical diagnosis has tripled in the nineteen-year period, it seems that we are viewing a distinct tendency for increase in cases of this diagnosis.

We observe also a consistent difference between the sexes in that the percentages for males run about 2 per cent higher than the percentages for the females. These differences are fairly consistent throughout the entire period 1917-1935.

During the nineteen-year period 13.6 per cent of first court admissions were diagnosed with cerebral arteriosclerosis. The males again average about two per cent higher than the females.

TABLE 38B. — *Number and Percentage with Cerebral Arteriosclerosis, First Court Admissions, 1917-1935*

YEAR	CEREBRAL ARTERIOSCLEROSIS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	174	126	300	7.9	6.4	7.2
1918	170	123	293	8.5	6.9	7.8
1919	198	97	295	9.8	5.4	7.7
1920	156	108	264	10.7	7.9	9.4
1921	165	90	255	9.9	6.3	8.2
1922	177	136	313	9.9	8.6	9.3
1923	162	170	332	11.2	12.3	11.7
1924	185	184	369	11.8	13.6	12.6
1925	215	169	384	13.7	12.1	13.0
1926	207	191	398	13.9	13.6	13.7
1927	231	177	408	15.6	13.0	14.4
1928	236	160	396	14.2	10.8	12.6
1929	278	212	490	17.7	14.4	16.1
1930	279	229	508	16.8	15.1	15.9
1931	334	275	609	20.7	18.0	19.4
1932	340	258	598	20.9	17.5	19.3
1933	351	310	661	20.7	20.2	20.5
1934	420	321	741	23.5	21.6	22.6
1935	403	292	695	21.9	18.2	20.2
Total	4,681	3,628	8,309	14.6	12.5	13.6

Psychoses with Syphilitic Meningo-encephalitis (G. P.)

Table 38C gives the percentages of first admissions diagnosed as syphilitic meningo-encephalitis for the years 1917-1935, inclusive. The highest proportion with this psychosis is noted in the year 1924, 8.8 per cent. The lowest proportions are observed in 1928 and 1931, 6.4 per cent each. For 1935 the percentage is slightly higher, being 6.9 per cent. The percentages for the various years, however, show but slight fluctuations, with no discernible trend.

There is a marked sex difference in this psychosis, syphilitic meningo-encephalitis being diagnosed in males about four times as often as that in females. This ratio is observed consistently throughout all of the years outlined. During the nineteen-year period this psychosis comprised 7.4 per cent of all first court admissions.

TABLE 38C. — *Number and Percentage with Syphilitic Meningo-encephalitis, (G. P.), First Court Admissions, 1917-1935*

YEAR	WITH SYPHILITIC MENINGO-ENCEPHALITIS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	267	61	328	12.1	3.1	7.9
1918	233	56	289	11.8	3.1	7.7
1919	208	44	252	10.3	2.4	6.6
1920	175	50	225	12.0	3.7	8.0
1921	200	52	252	12.0	3.6	8.1
1922	188	53	241	10.5	3.4	7.2
1923	189	50	239	13.0	3.6	8.4
1924	201	57	258	12.7	4.2	8.8
1925	209	40	249	13.4	2.9	8.4
1926	179	53	232	12.7	3.8	8.0
1927	160	30	190	10.8	2.2	6.7
1928	158	44	202	9.5	3.0	6.4
1929	189	37	226	12.0	2.5	7.4
1930	185	46	231	11.1	3.0	7.2
1931	161	42	203	9.9	2.7	6.4
1932	158	48	206	9.7	3.2	6.6
1933	170	39	209	10.0	2.5	6.5
1934	173	53	226	9.6	3.5	6.9
1935	187	51	238	10.2	3.2	6.9
Total	3,590	906	4,496	11.2	3.1	7.4

Alcoholic Psychoses

Table 38D gives the percentages of first admissions diagnosed as having alcoholic psychoses for the years 1917-1935. The year 1917 reveals the greatest proportion of patients with alcoholic psychoses, 12.3 per cent. The year 1920 shows the lowest

proportion, 3.6 per cent. Between 1920 and 1935 there has been considerable fluctuation with no definite trend in evidence, the proportion of alcoholic psychoses in the latter year being 7.1 per cent.

A marked sex difference is observed in this diagnosis. In 1917, 6.0 per cent of all female first admissions were diagnosed as having alcoholic psychosis. In 1935 this decreased to 2.5 per cent. Among the males this psychosis was diagnosed in 17.9 per cent of admissions in the year 1917. In 1935 it had decreased to 11.1 per cent. The alcoholic psychoses comprised 7.1 per cent of first court admissions during the nineteen years under consideration.

TABLE 38D. — *Number and Percentage with Alcoholic Psychoses, First Court Admissions, 1917-1935*

YEAR	ALCOHOLIC PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	393	118	511	17.9	6.0	12.3
1918	250	54	304	12.6	3.0	8.1
1919	242	54	296	12.0	3.0	7.7
1920	83	19	102	5.7	1.4	3.6
1921	118	31	149	7.1	2.2	4.8
1922	180	35	215	10.1	2.2	6.4
1923	192	30	222	13.2	2.2	7.8
1924	211	26	237	13.4	1.2	8.1
1925	159	17	176	10.2	1.2	5.9
1926	163	25	188	10.9	1.8	6.5
1927	191	22	213	12.9	1.6	7.5
1928	179	32	211	10.8	2.2	6.7
1929	213	22	235	13.5	1.5	7.7
1930	177	28	205	10.6	1.8	6.4
1931	173	25	198	10.7	1.7	6.3
1932	168	35	203	10.3	2.3	6.5
1933	184	21	205	10.9	1.4	6.4
1934	213	28	241	11.9	1.8	7.3
1935	205	40	245	11.1	2.5	7.1
Total	3,694	662	4,356	11.5	2.3	7.1

Dementia Praecox

Table 38E gives the percentages of first admissions diagnosed as dementia praecox for the years 1917-1935. In considering the totals, we observe that the highest proportion of cases of dementia praecox is noted in the year 1921, 27.8 per cent. The lowest proportion is observed in 1928 with 20.0 per cent. There are no great differences for the sexes with the exception of the fact that the females average about 3 per cent higher than the males.

It is interesting to observe that over the period 1917-1935 dementia praecox patients have comprised almost one-fourth of our total first court admissions to State hospitals, by far the largest percentage of any of the important psychoses under consideration.

Manic-Depressive Psychoses

Table 38F gives the percentages of first admissions diagnosed as manic-depressive psychoses for the years 1917-1935. The lowest proportion of first admissions diagnosed as manic-depressive occurred in the year 1919 with 8.1 per cent. The highest proportion is noted during 1932, 13.4 per cent. In 1933 the percentage dropped back to 12.1 and in 1934 dropped still further to 10.2 per cent. There was a slight rise in 1935 to 10.7 per cent. The sexes show a marked difference in the preponderance of cases among the females. We might say that nearly twice as many females as males are diagnosed manic-depressive. Cases with this diagnosis comprised 10.9 per cent of all first admissions over the nineteen-year period.

Psychoses with Mental Deficiency

Table 38G records the numbers and percentages of cases diagnosed as psychoses with mental deficiency over the period 1917-1935. There has been a steady rise in the proportion of cases with this psychosis since 1917, the highest point of 4.8 occurring in 1931. The lowest proportion is seen in 1918, with 1.7 per cent. The

females tend to average slightly higher percentages than the males throughout the nineteen-year period although the differences are not very significant.

TABLE 38E. — *Number and Percentage with Dementia Praecox, First Court Admissions, 1917-1935*

YEAR	DEMENTIA PRAECOX			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	484	537	1,021	22.0	27.4	24.6
1918	459	455	914	23.1	25.5	24.3
1919	481	505	986	23.9	28.2	25.9
1920	385	378	763	26.4	27.8	27.1
1921	448	414	862	27.0	28.8	27.8
1922	401	377	778	22.5	24.0	23.2
1923	292	326	618	20.1	23.5	21.8
1924	339	316	655	21.5	23.2	22.3
1925	320	301	621	20.5	21.5	20.9
1926	324	337	661	22.7	24.0	22.8
1927	324	370	694	21.9	27.2	24.5
1928	332	295	627	19.9	19.9	20.0
1929	351	360	711	22.2	24.4	23.4
1930	324	334	658	19.5	22.0	20.6
1931	359	358	717	22.2	23.4	22.8
1932	330	348	678	20.3	23.5	21.8
1933	354	395	749	20.9	25.8	23.2
1934	356	338	694	19.9	22.8	21.2
1935	394	396	790	21.4	24.6	22.9
Total	7,057	7,140	14,197	22.0	24.7	23.3

TABLE 38F. — *Number and Percentage with Manic-Depressive Psychoses, First Court Admissions, 1917-1935*

YEAR	MANIC-DEPRESSIVE PSYCHOSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	141	206	347	6.4	10.5	8.4
1918	121	204	325	6.1	11.5	8.6
1919	113	195	308	5.6	10.8	8.1
1920	121	173	294	8.3	12.7	10.4
1921	135	167	302	8.1	11.6	9.8
1922	122	210	332	6.7	13.3	9.8
1923	132	182	314	9.1	13.1	11.1
1924	145	216	361	9.2	15.9	12.3
1925	136	236	372	8.7	16.8	10.3
1926	141	220	361	9.5	15.7	12.5
1927	108	175	283	7.3	12.8	10.0
1928	141	246	387	8.5	16.6	12.3
1929	134	254	388	8.5	17.2	12.8
1930	143	212	355	8.6	14.0	11.1
1931	168	217	385	10.4	14.2	12.2
1932	195	220	415	11.7	14.9	13.4
1933	180	212	392	10.6	13.8	12.1
1934	154	180	334	8.6	12.1	10.2
1935	155	214	369	8.4	13.3	10.7
Total	2,685	3,939	6,624	8.4	13.6	10.9

Psychoses Due to Drugs

Table 38H gives the percentages of first admissions diagnosed as having drug psychoses for the years 1917-1935. The number of cases coming under this heading have been very small throughout the entire period. The lowest proportion is observed in the year 1925, .06 per cent. The highest proportion is noted in 1930, .7 per cent. There have been no consistent fluctuations in cases of this diagnosis over the period outlined.

Psychoneuroses and Neuroses

Table 38J gives the percentages of first admissions diagnosed as psychoneuroses for the years 1917-1935. The largest proportion of these cases is observed in 1922 with 3.2 per cent. The smallest proportion occurs in 1925, with .8 per cent. The females show consistently larger proportions than the males for this psychosis, the

ratio being approximately 2:1. It will be noted that 1.7 per cent of first court admissions over the nineteen-year period were cases with psychoneuroses.

TABLE 38G.—*Number and Percentage of Psychoses with Mental Deficiency, First Court Admissions, 1917-1935*

YEAR	PSYCHOSES WITH MENTAL DEFICIENCY			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	59	36	95	2.7	1.8	2.3
1918	39	26	65	1.9	1.5	1.7
1919	46	62	108	2.3	3.4	2.8
1920	40	49	89	2.7	3.6	3.2
1921	58	56	114	3.5	3.9	3.7
1922	65	65	130	3.6	4.1	3.9
1923	40	33	73	2.8	2.4	2.6
1924	41	50	91	2.6	3.7	3.1
1925	55	44	99	3.5	3.1	3.3
1926	50	46	96	3.3	3.3	3.3
1927	52	34	86	3.5	2.5	3.0
1928	44	39	83	2.7	2.6	2.7
1929	57	60	117	3.6	4.1	3.8
1930	71	79	150	4.3	5.2	4.7
1931	67	84	151	4.1	5.5	4.8
1932	73	67	140	4.5	4.5	4.5
1933	68	64	132	4.0	4.2	4.1
1934	62	60	122	3.5	4.1	3.7
1935	58	55	113	3.2	3.4	3.3
Total	1,045	1,009	2,054	3.3	3.5	3.4

TABLE 38H.—*Number and Percentage with Psychoses Due to Drugs, First Court Admissions, 1917-1935*

YEAR	PSYCHOSES DUE TO DRUGS			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	3	7	10	0.1	0.4	0.3
1918	4	8	12	0.2	0.4	0.3
1919	2	1	3	0.1	0.05	0.07
1920	4	8	12	0.3	0.6	0.4
1921	6	6	12	0.4	0.4	0.4
1922	8	4	12	0.4	0.3	0.3
1923	7	8	15	0.5	0.5	0.5
1924	10	2	12	0.6	0.1	0.4
1925	—	2	2	—	0.1	0.06
1926	8	4	12	0.5	0.1	0.4
1927	6	3	9	0.4	0.2	0.3
1928	6	2	8	0.4	0.1	0.3
1929	7	6	13	0.4	0.4	0.4
1930	8	14	22	0.4	0.9	0.7
1931	8	10	18	0.5	0.7	0.6
1932	6	12	18	0.4	0.8	0.6
1933	7	6	13	0.4	0.4	0.4
1934	5	8	13	0.2	0.5	0.3
1935	5	7	12	0.2	0.4	0.3
Total	110	118	228	0.3	0.4	0.4

ECONOMIC STATUS OF COURT FIRST ADMISSIONS AND READMISSIONS, by PSYCHOSES

In Table 39 the court first admissions and readmissions are divided into the three economic status groups, dependent, marginal, and comfortable, by psychoses. Let us look at the percentage distribution of the psychoses within each of these groups. Among the first court admissions, six psychoses show their largest proportions in the comfortable group. These are, due to drugs, involutional psychoses, due to new growth, the psychoneuroses, manic-depressive psychoses, and paranoia. The without psychoses group is also high in this economic status classification. Five psychoses show their highest occurrence in the marginal group; with syphilitic meningo-encephalitis, alcoholic psychoses, other metabolic diseases, dementia praecox, and psychopathic personality. Nine psychoses show high proportions in the dependent economic group. These are, with other forms of syphilis, traumatic

psychoses, with cerebral arteriosclerosis, with other disturbances of circulation, with convulsive disorders, senile psychoses, with organic changes of the nervous system, psychoses with mental deficiency, and cases with undiagnosed psychoses.

TABLE 38J. — *Number and Percentage with Psychoneuroses, First Court Admissions, 1917-1935*

YEAR	PSYCHONEUROSES			PERCENTAGE OF FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.
1917	27	62	89	1.2	3.2	2.1
1918	35	56	91	1.8	3.1	2.4
1919	29	58	87	1.4	3.2	2.3
1920	15	28	43	1.0	2.1	1.5
1921	24	37	61	1.4	2.6	2.0
1922	43	66	109	2.4	4.2	3.2
1923	9	27	36	.6	1.9	1.3
1924	14	15	29	.9	1.1	1.0
1925	15	10	25	1.0	.7	.8
1926	11	17	28	.7	1.2	1.0
1927	12	21	33	.8	1.5	1.2
1928	15	18	33	.9	1.2	1.1
1929	11	31	42	.7	2.1	1.4
1930	15	22	37	.9	1.4	1.2
1931	10	18	28	.6	1.2	.9
1932	18	39	57	1.1	2.6	1.8
1933	30	38	68	1.8	2.5	2.1
1934	28	25	53	1.5	1.6	1.6
1935	30	59	89	1.6	3.7	2.6
Total	391	647	1,038	1.2	2.2	1.7

TABLE 39. — *Economic Status of Court First and Readmissions, 1935, by Mental Disorders: Percentage Distribution*

MENTAL DISORDERS	FIRST ADMISSIONS				READMISSIONS			
	De- pendent	Marg- inal	Com- fortable	Un- known	De- pendent	Marg- inal	Com- fortable	Un- known
With syphilitic meningo-encephalitis	6.2	7.5	2.6	8.2	2.1	3.8	—	—
With other forms of syphilis	1.3	.4	—	.6	—	.3	—	—
With epidemic encephalitis . . . . .	.6	.1	—	—	1.1	.2	—	—
With other infectious diseases . . . . .	.1	.8	—	1.2	—	.2	—	—
Alcoholic psychoses	4.8	8.3	5.3	7.1	8.1	7.0	2.4	—
Due to drugs, etc. . . . .	.1	.4	1.1	.6	—	.2	—	—
Traumatic psychoses . . . . .	.5	.4	—	—	.5	.6	—	—
With cerebral arteriosclerosis	23.9	16.9	19.0	42.4	5.3	4.2	2.4	22.2
With other disturbances of circula- tion	1.2	.7	.5	2.3	.5	.2	—	—
With convulsive disorders (epilepsy)	3.5	1.6	.5	.6	5.9	1.7	—	—
Senile psychoses	12.6	5.2	7.9	14.7	2.7	2.2	2.4	—
Involutional psychoses	1.9	4.5	7.4	4.1	.5	1.9	4.8	—
Due to other metabolic diseases, etc.	1.1	1.7	1.6	1.2	1.1	.5	—	—
Due to new growth . . . . .	.3	.1	1.1	—	—	.2	—	—
With organic changes of nervous system	2.0	1.5	1.1	.6	1.6	.8	—	—
Psychoneuroses	1.8	3.0	3.2	1.2	2.1	1.1	2.4	—
Manic-depressive psychoses	5.3	12.3	25.4	3.5	17.6	33.1	57.0	44.4
Dementia praecox	20.9	25.9	13.2	7.1	31.1	33.1	19.0	22.2
Paranoia and paranoid conditions	1.5	2.5	5.3	2.3	1.6	2.2	4.8	11.1
With psychopathic personality	1.2	1.4	.5	—	1.6	1.4	—	—
With mental deficiency	6.2	2.4	1.1	1.7	9.6	2.5	—	—
Undiagnosed psychoses	1.1	.8	—	—	—	.5	—	—
Without psychoses	1.6	1.6	3.2	.6	7.0	1.9	4.8	—
Primary behavior disorders . . . . .	.3	—	—	—	—	.2	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Tables 200 and 201 for detail)

Table 39 shows in a very interesting way how certain of the psychoses tend to ally themselves with one of the three economic groups in both the first and the readmissions. For instance the cases with epidemic encephalitis, with cerebral arteriosclerosis, other disturbances of circulation, epilepsy, senile psychoses, organic changes of the nervous system, and psychoses with mental deficiency show larger proportions for both first and readmissions in the dependent group. Cases with

syphilitic meningo-encephalitis and dementia praecox show their greater proportions in the marginal group in both first and readmissions. The involutional psychoses, the psychoneuroses, the manic-depressive psychoses and the paranoid cases show their highest proportions in the comfortable economic status group.

ALL CASES ADMITTED BY TRANSFER

Table 40 gives the number and percentage distribution of all cases admitted by transfer to hospitals for mental diseases during the year 1935 by psychoses and sex. We note that 658 patients were transferred from one mental hospital to another during the year, (279 males and 379 females). The psychoses making up the greater proportions of these transfers were: dementia praecox, 46.2 per cent; manic-depressive psychoses, 11.7 per cent; psychoses with mental deficiency, 8.7 per cent; and psychoses with syphilitic meningo-encephalitis, 7.6 per cent. The sex difference observed follows mainly the admission rates for the particular psychosis. Thus, we see 15.8 per cent of males transferred as contrasted with 1.6 per cent of females with syphilitic meningo-encephalitis. In the manic-depressive psychoses, we see 8.2 per cent of males and 14.2 per cent of females transferred. In cases with dementia praecox, we see 42.2 per cent of males and 49.1 per cent of females.

TABLE 40. — *Mental Disorders of All Cases Admitted by Transfer to Hospitals for Mental Diseases, 1935: Percentage Distribution*

MENTAL DISORDERS	NUMBER			PERCENT		
	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	44	6	50	15.8	1.6	7.6
With other forms of syphilis	5	2	7	1.8	.5	1.1
With epidemic encephalitis	—	1	1	—	.3	.1
With other infectious diseases	1	—	1	.4	—	.1
Alcoholic psychoses	21	10	31	7.5	2.6	4.7
Due to drugs, etc.	1	—	1	.4	—	.1
Traumatic psychoses	2	—	2	.7	—	.3
With cerebral arteriosclerosis	9	8	17	3.2	2.1	2.6
With other disturbances of circulation	—	—	—	—	—	—
With convulsive disorders (epilepsy)	6	1	7	2.1	.3	1.1
Senile psychoses	3	4	7	1.1	1.1	1.1
Involutional psychoses	6	13	19	2.2	3.4	2.9
Due to other metabolic diseases, etc.	1	2	3	.4	.5	.4
Due to new growth	—	2	2	—	.5	.3
With organic changes of nervous system	5	4	9	1.8	1.1	1.4
Psychoneuroses	3	6	9	1.1	1.6	1.4
Manic-depressive psychoses	23	54	77	8.2	14.2	11.7
Dementia praecox	118	186	304	42.2	49.1	46.2
Paranoia and paranoid conditions	6	23	29	2.1	6.1	4.4
With psychopathic personality	1	8	9	.4	2.1	1.4
With mental deficiency	14	43	57	5.0	11.3	8.7
Undiagnosed psychoses	2	2	4	.7	.5	.6
Without psychoses	7	4	11	2.5	1.1	1.7
Primary behavior disorders	1	—	1	.4	—	.1
Total	279	379	658	100.0	100.0	100.0

(See Table 209 for detail).

Section C. Discharges from Mental Hospitals During 1935

The following section presents data in reference to all cases discharged from mental hospitals during the year ended September 30, 1935. This presentation does not include a discussion of the deaths, which follows in another section.

COURT CASES DISCHARGED FROM MENTAL HOSPITALS, 1917-1935

Table 41 outlines the number of court discharges from mental hospitals for each year of the period 1917-1935, inclusive. We notice an unusually large number of discharges during the years 1917, 1918, and 1919. This was the period of great industrial activity and a time when every available person was engaged in some gainful occupation. After 1922 we see a flattening of the curve, with the following years presenting only minor variations. For example, 1924 shows 1,855 discharges, while 1935 shows 1,900 discharges. In all years the male discharges exceed the female discharges except in the two years 1920 and 1930. This excess of males over females might give the impression that the former sex were being

discharged more rapidly than the latter. However, we find that the males are also presenting higher proportions of admissions so that their high discharge rate is more apparent than real.

TABLE 41. — *Number of Court Cases Discharged from Mental Hospitals, 1917-1935: Percentages*

YEARS	COURT DISCHARGES			PERCENT		
	M.	F.	T.	M.	F.	T.
1917	1,948	1,738	3,686	52.8	47.2	100.0
1918	1,701	1,351	3,052	55.7	44.3	100.0
1919	1,837	1,543	3,380	54.3	45.7	100.0
1920	1,041	1,047	2,088	49.9	50.1	100.0
1921	1,075	951	2,026	53.1	46.9	100.0
1922	1,077	1,012	2,089	51.6	48.4	100.0
1923	989	930	1,919	51.5	48.5	100.0
1924	1,024	861	1,885	54.3	45.7	100.0
1925	863	822	1,685	51.2	48.8	100.0
1926	944	824	1,768	53.4	46.6	100.0
1927	807	720	1,527	52.8	47.2	100.0
1928	854	843	1,697	50.3	49.7	100.0
1929	933	775	1,708	54.6	45.4	100.0
1930	762	846	1,608	47.4	52.6	100.0
1931	975	919	1,894	51.5	48.5	100.0
1932	865	802	1,667	51.9	48.1	100.0
1933	896	842	1,738	51.6	48.4	100.0
1934	962	905	1,867	51.5	48.5	100.0
1935	1,050	850	1,900	55.3	44.7	100.0

FIRST AND READMISSIONS DISCHARGED FROM MENTAL HOSPITALS

Table 42 presents the form of admission of cases discharged from 1933-1935, inclusive. We note that the total number of cases discharged increased from 4,560 in 1933 to 4,814 in 1935. The first admissions increased from 3,323 to 3,371, while the readmissions show a greater increase from 1,237 to 1,443. In the first admissions the court commitments show a slight increase, the temporary care admissions a marked decrease, while both the observation and voluntary forms show decided increases. In the readmissions the court commitments, temporary care admissions, and voluntary admissions show definite increases, while the observation forms show a lesser increase.

TABLE 42. — *First and Readmissions Discharged from All Mental Hospitals¹, 1933-1935, by Form of Admission and Sex*

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Tempo- rary Care	Obser- vation	Volun- tary	Total	Court	Tempo- rary Care	Obser- vation	Volun- tary
1933	T.	4,560	3,323	1,207	1,497	454	165	1,237	531	397	229	80
	M.	2,561	1,898	621	831	333	113	663	275	204	141	43
	F.	1,999	1,425	586	666	121	52	574	256	193	88	37
1934	T.	4,837	3,403	1,336	1,402	478	187	1,434	553	520	239	122
	M.	2,753	1,930	699	787	337	107	823	281	303	160	79
	F.	2,084	1,473	637	615	141	80	611	272	217	79	43
1935	T.	4,814	3,371	1,281	1,389	518	183	1,443	619	481	238	105
	M.	2,778	1,929	701	765	341	122	849	349	272	155	73
	F.	2,036	1,442	580	624	177	61	594	270	209	83	32

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Administration Facilities Nos. 107 and 95.

Table 43 shows that the total discharges increased from 4,647 in 1931 to 4,814 in 1935. These totals, of course, include court, temporary care, observation and voluntary forms of admission. In 1931 the first admissions, 2,994 cases, made up 64 per cent of all admissions. This increased to 3,371 or a percentage of 70

in the year 1935. On the other hand, the readmissions, with a total of 1,653 cases, or 35 per cent of all admissions in 1931, decreased to 1,443 cases, or 30 per cent in 1935. We are viewing here a trend toward the discharge of larger proportions of first admissions and smaller proportions of readmissions.

TABLE 43. — *All First and Readmissions Discharged, 1931-1935: Number and Percentages*

YEAR	TOTAL		FIRST ADMISSIONS		READMISSIONS	
	Number	Percent	Number	Percent	Number	Percent
1931	4,647	100.0	2,994	64.4	1,653	35.6
1932	4,448	100.0	2,977	66.9	1,471	33.1
1933	4,560	100.0	3,323	72.9	1,237	27.1
1934	4,837	100.0	3,403	70.4	1,434	29.6
1935	4,814	100.0	3,371	70.0	1,443	30.0

Excludes discharges by transfer.

CASES DISCHARGED TO THE COMMUNITY, 1935, BY PSYCHOSES

Table 44 shows the number of first and readmissions who were discharged during 1935, giving the percentage distribution of each in accordance with their legal forms of admission. Discussing the four most important psychoses among the first admissions, we note that dementia praecox made up 25.5 per cent of the discharges from court commitment; 18.2 per cent of the cases discharged from temporary care, 3.3 per cent of the observation discharges; and .5 per cent of the voluntary discharges. Manic-depressive cases discharged during the year made up 18.4 per cent of the court cases; 12.6 per cent of the temporary care; 5.6 per cent of the observation; and 8.7 per cent of the voluntary care cases discharged. The alcoholic psychoses with 396 cases discharged made up 11.7 per cent of the court commitments; 12.7 per cent of the temporary care; 11.6 per cent of the observation; and 5.5 per cent of the voluntary cases discharged during the year. Psychoses with cerebral arteriosclerosis made up 8.9 per cent of the court cases discharged; 3.7 per cent of temporary care cases; 2.7 per cent of the observation cases; and .5 per cent of the voluntary cases. Three of these important psychoses show their largest percentages in the court cases. The alcoholic show their high percentage in the temporary care form.

Among the voluntary admissions who were discharged, the two highest percentages occur in the manic-depressive psychoses and in the psychoneuroses, 8.7 and 19.8 per cent respectively. The cases without psychoses also show a very high percentage of voluntary patients discharged, 45.5 per cent. This psychosis group made up but 3.0 per cent of the court cases; 21.0 per cent of temporary care cases; and 50.7 per cent of the observation cases. These cases without psychoses are apparently admitted very seldom under court commitment but are used in vastly increasing proportions in other forms of admission.

Readmitted cases show even higher proportions of the dementia praecox and manic-depressive psychoses among the court commitments than do first admissions. Dementia praecox makes up 29.9 per cent of readmissions by court commitment; 18.7 per cent of the temporary cares; 6.7 per cent of observations; and 7.6 per cent of the voluntary group. The manic-depressive cases discharged constituted 32.0 per cent of the court cases; 19.8 per cent of the temporary care cases; 8.1 per cent of the observation cases; and 15.1 per cent of the voluntary group. Cases without psychoses among the readmissions again show small proportions discharged from court commitment, 4.0 per cent; 20.2 per cent were discharged from temporary care; 52.9 per cent from observation; and 41.8 per cent from a voluntary form of admission.

The final column of this table shows that 633 or 11.6 per cent of the total cases discharged were transfers. It will be observed that the largest percentages of transfers occur in dementia praecox with 45.4 per cent, the manic-depressive psychoses with 11.1 per cent, and syphilitic meningo-encephalitis, with 7.3 per cent.

TABLE 44. — All Cases Discharged, 1935, by Form of Admission and Mental Disorders: Number and Percent¹

MENTAL DISORDERS	FIRST ADMISSIONS						READMISSIONS						DISCHARGED BY TRANSFER									
	Total		Court		Temporary Care		Observation		Voluntary		Total		Court		Temporary Care		Observation		Voluntary			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
With syphilitic meningo- encephalitis	100	3.0	63	4.9	29	2.1	3	.6	5	2.7	43	3.0	29	4.7	10	2.1	1	.4	3	2.9	46	7.3
With other forms of syphilis	12	.4	7	.5	4	.3	1	.2	—	—	8	.6	3	.5	2	.4	2	.8	1	1.0	8	1.3
With epidemic enceph- alitis	9	.3	5	.4	3	.2	1	.2	—	—	5	.3	2	.3	2	.4	1	.4	—	—	2	.3
With other infectious diseases	16	.5	7	.5	6	.4	3	.6	—	—	4	.3	3	.5	1	.2	—	—	—	—	3	.5
Alcoholic psychoses	396	11.7	150	11.7	176	12.7	60	11.6	10	5.5	143	9.9	51	8.3	59	12.3	24	10.2	9	8.6	34	5.4
Due to drugs, etc.	35	1.0	9	.7	17	1.2	7	1.3	2	1.1	8	.6	2	.3	3	.6	2	.8	1	1.0	1	.2
Traumatic psychoses	17	.5	5	.4	6	.4	5	1.0	1	.5	3	.2	1	.2	1	.2	1	.4	—	—	3	.5
With cerebral arterio- sclerosis	181	5.4	114	8.9	52	3.7	14	2.7	1	.5	24	1.7	18	2.9	4	.8	2	.8	—	—	18	2.8
With other disturbances of circulation	12	.4	9	.7	2	.1	1	.2	—	—	1	.1	—	—	1	.2	—	—	—	—	—	—
With convulsive disorders (epilepsy)	67	2.0	32	2.5	17	1.2	5	1.0	13	7.1	34	2.4	8	1.3	17	3.5	3	1.3	6	5.7	8	1.3
Senile psychoses	54	1.6	33	2.6	17	1.2	4	.8	—	—	8	.6	4	.6	4	.8	—	—	—	—	3	.5
Involuntal psychoses	81	2.4	60	4.7	20	1.4	1	.2	—	—	12	.8	7	1.1	3	.6	—	—	2	1.9	12	1.9
Due to other metabolic diseases, etc.	42	1.2	26	2.0	12	.9	4	.8	—	—	6	.4	4	.6	—	—	2	.8	—	—	5	.8
Due to new growth	4	.1	2	.2	2	.1	—	—	—	—	1	.1	—	—	1	.2	—	—	—	—	1	.2
With organic changes of nervous system	33	1.0	10	.8	18	1.3	2	.4	3	1.6	10	.7	4	.6	3	.6	3	1.3	—	—	9	1.4
Psychoneuroses	205	6.1	55	4.3	86	6.2	28	5.4	36	19.8	54	3.7	18	2.9	17	3.5	8	3.4	11	10.5	9	1.4
Manic-depressive psy- choses	455	13.5	236	18.4	174	12.6	29	5.6	16	8.7	328	22.7	198	32.0	95	19.8	19	8.1	16	15.1	70	11.1
Dementia praecox	597	17.7	327	25.5	252	18.2	17	3.3	1	.5	299	20.7	185	29.9	90	18.7	16	6.7	8	7.6	288	45.4
Paranoia and paranoid conditions	58	1.7	36	2.8	13	.9	7	1.3	2	1.1	27	1.9	16	2.6	10	2.1	1	.4	—	—	29	4.6
With psychopathic per- sonality	62	1.8	19	1.5	26	1.9	13	2.5	4	2.2	38	2.6	13	2.1	14	2.9	9	3.8	2	1.9	11	1.7
With mental deficiency	57	1.7	31	2.4	14	1.0	9	1.7	3	1.6	39	2.7	26	4.2	7	1.5	6	2.5	—	—	55	8.6
Undiagnosed psychoses	125	3.7	5	.4	111	8.0	9	1.7	—	—	40	2.8	1	.2	33	6.9	5	2.1	1	1.0	14	2.2
Without psychoses	675	20.0	38	3.0	291	21.0	263	50.7	83	45.5	292	20.1	25	4.0	97	20.2	126	52.9	44	41.8	4	.6
Primary behavior disorders	78	2.3	2	.2	41	3.0	32	6.2	3	1.6	16	1.1	1	.2	7	1.5	7	2.9	1	1.0	—	—
Total	3,371	100.0	1,281	100.0	1,389	100.0	518	100.0	183	100.0	1,443	100.0	619	100.0	481	100.0	238	100.0	105	100.0	633	100.0

(See Table 210 for detail)

¹Includes McLean Hospital, Bridgewater, Tewksbury and U. S. Veterans' Administration Facilities Nos. 95 and 107.

TABLE 45. — *Mental Condition of All Court Cases Discharged, 1935: Rates per 100 Admissions of Same Diagnosis*

MENTAL DISORDERS	ALL ADMISSIONS ¹	ALL DISCHARGES ¹		RECOVERED		IMPROVED		UNIMPROVED	
		Number	Rate per 100 Ad- missions Same Diagnosis	Number	Rate per 100 Ad- missions Same Diagnosis	Number	Rate per 100 Ad- missions Same Diagnosis	Number	Rate per 100 Ad- missions Same Diagnosis
With syphilitic meningo-encephalitis	266	92	34.6	4	1.5	81	30.5	7	2.6
With other forms of syphilis	24	10	41.7	—	—	9	37.5	1	4.2
With epidemic encephalitis	12	7	58.3	—	—	5	41.7	2	16.7
With other infectious diseases	21	10	47.6	5	23.8	5	23.8	—	—
Alcoholic psychoses	306	201	65.7	70	22.9	115	37.6	16	5.2
Due to drugs, etc.	13	11	84.6	7	53.8	4	30.8	—	—
Traumatic psychoses	18	6	33.3	2	11.1	4	22.2	—	—
With cerebral arteriosclerosis	735	132	17.9	7	1.0	100	13.6	25	3.4
With other disturbances of circulation	34	9	26.5	—	—	8	23.5	1	2.9
With convulsive disorders (epilepsy)	90	40	44.4	6	6.7	21	23.3	13	14.4
Senile psychoses	290	37	12.7	2	7.7	19	6.5	16	5.5
Involuntary psychoses	152	67	44.1	11	7.2	46	30.1	10	6.6
Due to other metabolic diseases, etc.	56	30	53.6	2	3.6	25	44.6	3	5.3
Due to new growth	8	2	25.0	—	—	1	12.5	1	12.5
With organic changes of the nervous system	63	2	22.2	—	—	13	20.6	1	1.6
Psychoneuroses	101	14	72.3	12	11.9	56	55.4	5	4.9
Manic-depressive psychoses	642	434	67.6	161	25.1	245	38.2	28	4.4
Dementia praecox	1,070	512	47.8	32	3.0	383	35.8	97	9.1
Paranoia and paranoid conditions	102	52	50.9	3	2.9	42	41.2	7	6.9
With psychopathic personality	155	32	58.2	10	18.2	18	32.7	4	7.3
With mental deficiency	147	57	38.8	7	4.8	39	26.5	11	7.5
Undiagnosed psychoses	28	6	21.4	3	10.7	1	3.6	2	7.1
Without psychoses	83	63	75.9	—	—	1	1.2	8	9.6
Primary behavior disorders	4	3	75.0	3	75.0	—	—	—	—
Total	4,320	1,900	43.9	347	8.0	1,241	28.7	258	5.9

(See Tables 217 and 218 for detail)

¹Includes admissions and discharges under regular court commitment.

MENTAL CONDITION OF COMMITTED PATIENTS DISCHARGED

Table 45 shows the individual discharge rates per 100 admissions of the same diagnosis for the various psychoses. In discussing the numerically important psychoses, we note that the dementia praecox cases have a discharge rate of 47.8; the manic-depressive psychoses show a discharge rate of 67.6; the psychoses with cerebral arteriosclerosis have a discharge rate of 17.9; the alcoholic psychoses a rate of 65.7; the psychoses with syphilitic meningo-encephalitis, 34.6; and the psychoses with mental deficiency a discharge rate of 38.8.

The highest recovery rate among the most important psychoses is noted in the manic-depressive psychoses with a rate of 25.1 cases discharged per 100 admissions of the same diagnosis. Next come the alcoholic psychoses with 22.9, and the psychoneuroses with 11.9. Among the "improved" cases the psychoneuroses show the highest rate with 55.4 cases discharged per 100 admissions of the same diagnosis. Dementia praecox and the manic-depressive psychoses show improved rates of 35.8 and 38.2 respectively. It will be noted that 8 out of every hundred admissions of the same diagnosis are discharged as recovered, 28.7 are discharged as improved and 5.9 as unimproved.

Table 46 gives the mental condition at discharge of all court first and readmissions leaving hospitals during 1935. In the first admissions discharged as recovered, the highest proportion is seen in the manic-depressive psychoses with 37 per cent. The alcoholic psychoses are second with 24 per cent, and dementia praecox third with 10 per cent. In the group discharged as improved, the largest proportion, or 29 per cent, are cases of dementia praecox. The next psychosis in order is the manic-depressive group with 16 per cent. In the unimproved classification, 31 per cent of the cases are classified as dementia praecox; 15 per cent are in the group with cerebral arteriosclerosis; and 9 per cent are senile psychoses.

TABLE 46. — *Mental Condition of All Court Cases Discharged, 1935: Numbers and Percentages, by Mental Disorders*

MENTAL DISORDERS	TOTAL COURT DISCHARGES							
	Total		Recovered		Improved		Unimproved	
	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	92	4.8	4	1.2	81	6.5	7	2.7
With other forms of syphilis	10	.5	—	—	9	.7	1	.4
With epidemic encephalitis	7	.4	—	—	5	.4	2	.8
With other infectious diseases	10	.5	5	1.4	5	.4	—	—
Alcoholic psychoses	201	10.7	70	20.2	115	9.3	16	6.2
Due to drugs, etc.	11	.6	7	2.0	4	.3	—	—
Traumatic psychoses	6	.3	2	.6	4	.3	—	—
With cerebral arteriosclerosis	132	6.9	7	2.0	100	8.1	25	9.7
With other disturbances of circulation	9	.5	—	—	8	.6	1	.4
With convulsive disorders (epilepsy)	40	2.1	6	1.7	21	1.7	13	5.0
Senile psychoses	37	1.9	2	.6	19	1.5	16	6.2
Involuntary psychoses	67	3.5	11	3.2	46	3.7	10	3.9
Due to other metabolic diseases, etc.	30	1.6	2	.6	25	2.0	3	1.2
Due to new growth	2	.1	—	—	1	.1	1	.4
With organic changes of nervous system	14	.7	—	—	13	1.0	1	.4
Psychoneuroses	73	3.8	12	3.4	56	4.5	5	1.9
Manic-depressive psychoses	434	22.9	161	46.4	245	19.8	28	10.8
Dementia praecox	512	27.0	32	9.1	383	30.9	97	37.6
Paranoia and paranoid conditions	52	2.7	3	.9	42	3.4	7	2.7
With psychopathic personality	32	1.7	10	2.9	18	1.5	4	1.5
With mental deficiency	57	3.0	7	2.0	39	3.1	11	4.3
Undiagnosed psychoses	6	.3	3	.9	1	.1	2	.8
Without psychoses	63	3.3	—	—	1	.1	8	3.1
Primary behavior disorders	3	.2	3	.9	—	—	—	—
Total	1,900	100.0	347	100.0	1,241	100.0	258	100.0

(See Tables 217 and 218 for detail)

In the readmissions discharged as recovered, 68 per cent of cases fall in the manic-depressive group. The second psychosis in order is the alcoholic group with 9 per cent. In the improved cases, 33 per cent of the discharges are classified as dementia praecox, with the manic-depressive group second, 27 per cent. In the readmissions discharged as unimproved, dementia praecox comprises 48 per

cent of the total, and the manic-depressive group, 19 per cent. In considering these proportions it must be remembered that the total of cases discharged in each psychosis group is dependent upon the number of cases under care in each psychosis group.

TABLE 46. — *Mental Condition of All Court Cases Discharged, 1935: Numbers and Percentages, by Mental Disorders — Continued*

MENTAL DISORDERS	COURT FIRST ADMISSIONS DISCHARGED							
	Total		Recovered		Improved		Unimproved	
	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	63	4.9	3	1.2	55	6.5	5	3.0
With other forms of syphilis	7	.5	—	—	7	.8	—	—
With epidemic encephalitis	5	.4	—	—	4	.5	1	.6
With other infectious diseases	7	.5	2	.8	5	.6	—	—
Alcoholic psychoses	150	11.7	60	24.5	82	9.8	8	4.8
Due to drugs, etc.	9	.7	7	2.9	2	.2	—	—
Traumatic psychoses	5	.4	2	.8	3	.3	—	—
With cerebral arteriosclerosis	114	8.9	7	2.9	82	9.8	25	15.0
With other disturbances of circulation	9	.7	—	—	8	1.0	1	.6
With convulsive disorders (epilepsy)	32	2.5	5	2.0	17	2.0	10	6.0
Senile psychoses	33	2.6	2	.8	16	1.9	15	9.0
Involuntary psychoses	60	4.7	9	3.7	41	4.9	10	6.0
Due to other metabolic diseases, etc.	26	2.0	2	.8	21	2.5	3	1.8
Due to new growth	2	.2	—	—	1	.1	1	.6
With organic changes of nervous system	10	.8	—	—	10	1.2	—	—
Psychoneuroses	55	4.3	10	4.1	40	4.8	5	3.0
Manic-depressive psychoses	236	18.4	91	37.2	135	16.1	10	6.0
Dementia praecox	327	25.5	25	10.2	249	29.6	53	31.6
Paranoia and paranoid conditions	36	2.8	2	.8	31	3.7	3	1.8
With psychopathic personality	19	1.5	9	3.7	8	1.0	2	1.2
With mental deficiency	31	2.4	5	2.0	21	2.5	5	3.0
Undiagnosed psychoses	5	.4	2	.8	1	.1	2	1.2
Without psychoses	38	3.0	—	—	1	.1	8	4.8
Primary behavior disorders	2	.2	2	.8	—	—	—	—
Total	1,281	100.0	245	100.0	840	100.0	167	100.0

(See Tables 217 and 218 for detail)

TABLE 46. — *Mental Condition of All Court Cases Discharged, 1935: Numbers and Percentages, by Mental Disorders — Concluded*

MENTAL DISORDERS	COURT READMISSIONS DISCHARGED							
	Total		Recovered		Improved		Unimproved	
	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	29	4.7	1	1.0	26	6.5	2	2.2
With other forms of syphilis	3	.5	—	—	2	.5	1	1.1
With epidemic encephalitis	2	.3	—	—	1	.2	1	1.1
With other infectious diseases	3	.5	3	2.9	—	—	—	—
Alcoholic psychoses	51	8.2	10	9.8	33	8.3	8	8.8
Due to drugs, etc.	2	.3	—	—	2	.5	—	—
Traumatic psychoses	1	.2	—	—	1	.2	—	—
With cerebral arteriosclerosis	18	2.9	—	—	18	4.5	—	—
With other disturbances of circulation	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	8	1.3	1	1.0	4	1.0	3	3.3
Senile psychoses	4	.6	—	—	3	.7	1	1.1
Involuntary psychoses	7	1.1	2	2.0	5	1.2	—	—
Due to other metabolic diseases, etc.	4	.6	—	—	4	1.0	—	—
Due to new growth	—	—	—	—	—	—	—	—
With organic changes of nervous system	4	.6	—	—	3	.7	1	1.1
Psychoneuroses	18	2.9	2	2.0	16	4.0	—	—
Manic-depressive psychoses	198	32.0	70	68.5	110	27.5	18	19.8
Dementia praecox	185	30.0	7	6.8	134	33.5	44	48.3
Paranoia and paranoid conditions	16	2.6	1	1.0	11	2.7	4	4.4
With psychopathic personality	13	2.1	1	1.0	10	2.5	2	2.2
With mental deficiency	26	4.2	2	2.0	18	4.5	6	6.6
Undiagnosed psychoses	1	.2	1	1.0	—	—	—	—
Without psychoses	25	4.0	—	—	—	—	—	—
Primary behavior disorders	1	.2	1	1.0	—	—	—	—
Total	619	100.0	102	100.0	401	100.0	91	100.0

(See Tables 217 and 218 for detail)

AVERAGE TIME WITHIN INSTITUTIONS DURING THIS ADMISSION,
COMMITTED PATIENTS DISCHARGED, 1935

Table 47 presents the average length of hospital stay of court first admissions and readmissions discharged during 1935 by type of mental disorder. Immediately we see that readmissions, remaining 1.72 years, have a length of hospital stay which is 72 per cent higher than that of first admissions, 1.00 years. In the first admissions the sexes are fairly well balanced, the males showing a length of stay which is .03 years longer than the females. In the readmissions, however, the males with an average hospital stay of 1.97 years show a residence which is over half a year longer than that of the females, 1.41 years.

Mental disorders due to new growth, primary behavior disorders, with epidemic encephalitis, with other disturbances of circulation, with other infectious diseases, and the psychoses due to drugs, etc., show the shortest hospital stay in first admissions, all remaining under three months. The undiagnosed psychoses show the longest stay of 2.32 years. The next three mental disorders in order are, with mental deficiency, 1.76 years; with convulsive disorders, 1.62 years; and dementia praecox, 1.46 years. Practically all of the psychoses show a longer hospital stay in readmissions than in first admissions. The only exceptions to this are the groups primary behavior disorders, due to drugs, etc., without psychoses, psychopathic personality and the undiagnosed psychoses. Here the readmissions tend to have a shorter stay. It is evident from this table that the first admissions are returning to the community after a shorter hospital residence than the readmissions.

COUNTRY OF BIRTH OF COURT FIRST AND READMISSIONS DISCHARGED, 1935:
DISCHARGE RATE PER 1,000 UNDER CARE

Table 48 presents the discharge rates per thousand under care of the different nativity groups in both first and readmissions. There were 16,425 first admissions under care during 1935. One thousand two hundred and eighty-one cases were discharged during the year, giving a discharge rate of 77.9 per thousand under care. Patients born in Sweden, Scotland and Portugal show the highest discharge rates of 130, 98 and 93, respectively. The United States shows the largest total number under care of 10,636 with 840 discharged and a discharge rate of 78.9. Finland shows the lowest discharge rate of 48.

TABLE 48. — *Country of Birth of Court First and Readmissions Discharged, 1935, by Sex: Discharge Rates per 1,000 Under Care*

COUNTRY OF BIRTH	FIRST ADMISSIONS			READMISSIONS		
	Total Under Care	Total Discharges	Rate per 1,000	Total Under Care	Total Discharges	Rate per 1,000
Sweden	184	24	130.4	165	6	36.3
Scotland	112	11	98.2	77	2	25.9
Portugal	172	16	93.0	110	5	45.4
Poland	419	37	88.3	292	19	65.0
England	390	34	87.1	161	5	31.0
Italy	609	53	87.0	405	22	54.3
United States	10,636	840	78.9	8,860	420	47.4
Russia	370	29	78.3	559	24	42.9
Germany	141	10	70.9	105	6	57.1
Austria	101	7	69.3	98	2	20.4
Canada ¹	1,284	85	66.1	948	46	48.5
Greece	80	5	62.5	63	4	63.4
Ireland	1,227	74	60.3	1,112	36	32.3
Finland	103	5	48.5	182	5	27.4
All other countries	597	51	85.4	434	17	39.1
Total	16,425	1,281	77.9	13,571	619	45.6

(See Table 237 for detail)

¹Includes Newfoundland.

TABLE 47. -- Average Length of Hospital Stay during This Admission, Regular Court First and Readmissions Discharged, 1935, by Mental Disorders and Sex

MENTAL DISORDERS	AVERAGE HOSPITAL STAY IN YEARS									
	Total All Discharges			First Admissions			Position			Position
	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Due to new growth	.08	—	.08	.08	—	.08	—	—	—	1
Primary behavior disorders	.04	.12	.09	.04	.20	.12	—	.04	.04	3
With epidemic encephalitis	1.67	.04	1.21	.23	.04	.15	3.85	3.85	3.85	24
With other disturbances of circulation	.23	.14	.19	.23	.14	.19	—	—	—	2
With other infectious diseases	.59	.22	.33	—	.22	.22	.59	—	.59	8
Due to drugs, etc.	.42	.16	.23	.42	.16	.25	—	.16	.16	4
With organic changes of nervous system	.37	.47	.44	.26	.33	.31	.54	.98	.76	9
Due to other metabolic diseases, etc.	.42	.51	.35	.32	.35	.34	1.50	.09	.44	7
Traumatic psychoses	.37	—	.37	.37	.35	.37	.37	.37	.37	6
With cerebral arteriosclerosis	.60	.69	.63	.39	.68	.51	2.10	.71	1.40	16
Psychoneuroses	.72	.58	.65	.56	.49	.52	1.17	.91	1.04	11
Paranoia and paranoid conditions	.93	.87	.89	.47	.60	.54	2.49	1.33	1.69	17
With other forms of syphilis	1.23	.41	1.06	.69	.41	.61	2.12	—	2.12	10
With syphilitic meningo-encephalitis	1.38	1.54	1.42	.85	.62	.78	2.37	4.85	2.80	21
Alcoholic psychoses	.95	.64	.91	.81	.60	.78	1.39	.74	1.28	14
Manic-depressive psychoses	.94	.95	.95	.90	.88	.89	1.39	1.04	1.01	10
Senile psychoses	.84	1.39	1.14	.62	1.53	1.12	2.50	.16	1.33	15
Without psychoses	1.03	1.33	1.12	.82	1.92	1.14	1.37	.51	1.09	12
Involutional psychoses	1.33	1.43	1.40	1.18	1.20	1.24	2.50	3.44	3.17	22
With psychopathic personality	1.09	1.55	1.23	1.36	1.02	1.24	.76	2.77	1.22	13
Dementia praecox	1.99	1.81	1.82	1.53	1.38	1.46	2.71	2.06	2.45	20
With convulsive disorders (epilepsy)	2.19	.78	1.70	2.15	.83	1.62	2.29	.12	2.02	18
With mental deficiency	3.26	1.29	2.50	2.16	1.29	1.76	4.30	1.30	3.38	23
Undiagnosed psychoses	2.83	.24	1.96	2.83	.29	2.32	—	.20	.20	5
Total.	1.33	1.12	1.23	1.01	.98	1.00	1.97	1.41	1.72	

There were 13,571 readmissions under care during the year, with 619 discharges making a discharge rate of 45.6 per thousand under care. This discharge rate is a little more than half that observed in the first admissions. In the readmissions Poland, Greece and Germany present the high discharge rates of 65, 63 and 57, respectively. That of the United States with 420 discharges, is 47. The lowest discharge rates for readmissions are observed in Scotland and Austria with discharge rates of 25 and 20, respectively. In considering these findings it should be remembered that the numbers of discharges from any one country are rather small and for that reason no particular significance should be attached to the findings for any one year.

AVERAGE AGE OF COURT FIRST ADMISSIONS AND READMISSIONS DISCHARGED, BY MENTAL DISORDERS AND SEX

Table 49 reveals that there is a difference of one year between the average age at discharge for first admissions (43.3 years), and readmissions, (44.2 years). The first admissions show an average age of 43.2 years for the males and 43.4 years for the females. In the readmissions the males show a discharge age of 44.4 years and the females 43.9 years. In cases admitted to mental hospitals during 1935 the first admissions entered at an average age of 48.7 years and the readmissions at an average age of 44.6 years.

The senile cases discharged showed the highest average ages of 73.1 years for first admissions and 66.2 years for readmissions. Cases with cerebral arteriosclerosis were next with an average discharge age of 68.2 years in the first admissions and 67.2 years in the readmissions. Excluding the psychoses with other disturbances of circulation, because of the small numbers of cases involved, we find that the involutional psychoses showed an average age of 53.3 years in the first admissions and 55.3 years in the readmissions. The paranoid group showed an average discharge age of 51.1 years in first admissions and 52.0 years in readmissions. The alcoholic show a discharge age of 45.6 in first admissions and 52.1 in readmissions. The manic-depressive psychoses showed an average discharge age of 40.3 years in the first admissions and 44.6 in the readmissions. Psychoses with syphilitic meningo-encephalitis showed an average age of 45.2 in the first admissions and 48.3 in the readmissions. Patients with dementia praecox had an average discharge age of 33.1 years in the first admissions, and 40.3 years in the readmissions. The psychoses due to convulsive disorders (epilepsy) showed an average of 38.0 years in the first admissions and 42.5 in the readmissions; and mental deficiency 35.4 years in the first admissions and 38.2 years in the readmissions. The without psychoses group showed an average discharge age of 36.4 years in the first admissions and 35.3 years in the readmissions. It will be noted that some of the psychoses tend to show *older* average discharge ages among the first admissions than among the readmissions.

AVERAGE AGE OF COMMITTED PATIENTS DISCHARGED, BY HOSPITAL

In Table 50 we observe that the average age of first admissions discharged during 1935 was 43.3 years, and for the readmissions the age was 44.2 years. Both the first admissions and the readmissions discharged left the institution at approximately the same ages. We recall that the first admissions admitted during the year averaged over four years older than the readmissions admitted during the year, (48.7 years as against 44.6 years). Apparently the first admissions select the younger cases for discharge, while the readmissions discharge cases from all age groups. The highest average age for all discharges is seen at Gardner with 48.1 years. Boston State is second with 45.5 years, and McLean third with 45.4 years. The Psychopathic Hospital with 37.3 years, and the Monson State Hospital with 29.7 years show the youngest discharge ages. At the Gardner State Hospital, Boston State, McLean, Veterans' No. 95, Bridgewater, Grafton, and the Psychopathic Hospital, the first admissions discharged were older than the readmissions discharged. The remaining institutions showed the average age of readmissions discharged to be higher than that of the first admissions. When we take the entire sample, comprised of all cases discharged from all institutions throughout the State, we see that the average age at discharge is slightly

TABLE 49. — *Average Age at Discharge of Court First and Readmissions Discharged, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	69	23	92	46.3	45.9	46.2	45	18	63	45.7	44.1	45.2	24	5	29	47.5	52.5	48.3
With other forms of syphilis	8	2	10	42.5	40.0	42.0	5	2	7	43.6	40.0	42.5	3	—	3	40.8	—	40.8
With epidemic encephalitis	5	2	7	29.5	37.5	31.7	3	2	5	32.5	37.5	34.5	2	—	2	86.2	—	86.2
With other infectious diseases	3	7	10	39.1	31.7	34.0	—	7	7	—	31.7	31.7	3	—	3	44.1	—	44.1
With other infectious diseases	173	28	201	47.6	45.0	47.2	131	19	150	45.9	43.2	45.8	42	9	51	63.9	48.6	52.1
Alcoholic psychoses	3	8	11	40.8	53.1	49.7	3	6	9	40.8	48.3	37.5	—	2	2	—	67.5	—
Due to drugs, etc.	6	—	6	39.1	39.1	39.1	5	—	5	37.5	—	—	1	—	1	47.5	—	47.5
Traumatic psychoses	75	57	132	69.5	66.3	68.1	66	48	114	69.4	66.6	68.2	9	9	18	69.7	64.7	67.2
With cerebral arteriosclerosis	5	4	9	66.5	51.2	59.7	5	4	9	66.5	51.2	59.7	—	—	—	—	—	—
With other disturbances of circulation	26	14	40	38.6	39.3	38.9	19	13	32	37.0	39.4	38.0	7	1	8	43.2	37.5	42.5
With convulsive disorders (epilepsy)	17	20	37	72.7	72.0	72.3	15	18	33	74.5	71.9	73.1	2	2	4	60.0	72.5	66.2
Schile psychoses	18	49	67	56.6	52.3	53.5	16	44	60	56.8	52.0	53.3	2	5	7	55.0	55.5	55.5
Involutional psychoses	11	19	30	46.1	40.3	42.5	10	16	26	45.0	41.2	42.6	1	3	4	57.5	35.8	41.2
Due to other metabolic diseases, etc.	2	—	2	50.0	—	50.0	2	—	2	50.0	—	50.0	—	—	—	—	—	—
Due to new growth	5	9	14	42.5	48.6	46.4	3	7	10	34.1	48.9	44.5	2	2	4	55.0	47.5	51.2
With organic changes of nervous system	34	39	73	41.3	39.1	40.1	25	30	55	39.7	39.3	39.5	9	6	18	45.8	38.6	42.2
Psychoneuroses	183	251	434	42.7	41.9	42.3	100	136	236	39.8	40.7	40.3	83	115	198	46.0	43.6	44.6
Manic-depressive psychoses	279	233	512	34.5	37.1	35.7	170	157	327	31.3	35.0	33.1	109	76	185	37.5	40.8	40.3
Dementia praecox	22	30	52	50.2	54.0	52.4	17	19	36	48.0	57.7	51.1	5	11	16	57.5	40.8	52.0
Paranoia and paranoid conditions	22	10	32	33.4	34.0	33.5	12	7	19	35.0	31.0	33.5	10	3	13	31.5	40.8	33.6
With psychopathic personality	35	22	57	37.3	35.6	36.7	17	14	31	34.8	36.0	35.4	18	8	26	39.7	35.0	38.2
With mental deficiency	4	2	6	53.7	25.0	44.1	4	1	5	53.7	22.5	47.5	—	1	1	—	—	—
Undiagnosed psychoses	44	19	63	35.2	37.7	35.9	27	11	38	34.7	40.6	36.4	17	8	25	36.0	33.7	35.5
Without psychoses	1	2	3	22.5	25.0	24.1	1	1	2	22.5	17.5	20.0	—	—	—	—	32.5	—
Primary behavior disorders	1,050	850	1,900	43.6	43.7	43.6	701	580	1,281	43.2	43.4	43.3	349	270	619	44.4	43.9	44.2
Total	1,050	850	1,900	43.6	43.7	43.6	701	580	1,281	43.2	43.4	43.3	349	270	619	44.4	43.9	44.2

(See Tables 211 and 212 for detail)

TABLE 50. — *Average Age at Discharge of Court First and Readmissions Discharged, 1935, by Hospital and Sex*

HOSPITALS	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Gardner.	53	22	75	45.2	55.0	48.1	21	14	35	45.1	58.5	50.5	32	8	40	45.3	48.7	46.0
Boston State	110	122	232	47.0	44.2	45.5	77	74	151	47.5	45.4	46.5	33	48	81	45.8	42.2	43.7
McLean.	27	37	64	43.0	47.2	45.4	21	27	48	41.3	49.1	45.7	6	10	16	49.1	42.0	44.6
Metropolitan	5	11	16	47.5	44.3	45.3	—	—	—	—	—	—	5	11	16	47.5	44.3	45.3
Taunton	67	75	142	44.3	46.2	45.3	47	56	103	42.7	45.0	43.9	20	19	39	48.2	49.8	49.0
Worcester	158	144	302	46.3	43.8	45.1	117	97	214	46.0	43.3	44.7	41	47	88	47.2	44.8	45.9
Medfield	34	37	71	48.2	40.4	44.1	25	25	50	50.1	37.9	44.0	9	12	21	43.0	45.8	44.6
Westborough	87	99	186	44.8	42.9	43.8	57	64	121	44.6	41.8	43.2	30	35	65	45.1	44.7	44.9
Veterans' Administration Facility No. 107	46	—	46	43.5	—	43.5	16	—	16	41.8	—	41.8	30	—	30	44.5	—	44.5
Danvers	132	111	243	42.5	44.3	43.3	99	69	168	42.5	44.3	43.3	33	42	75	42.6	44.2	43.5
Northampton	121	110	231	41.1	44.0	42.5	90	87	177	40.2	43.7	41.9	31	23	54	43.7	45.5	44.5
Veterans' Administration Facility No. 95	72	—	72	41.3	—	41.3	24	—	24	42.0	—	42.0	48	—	48	41.0	—	41.0
Tewksbury	2	1	3	47.5	27.5	40.8	—	1	1	—	27.5	27.5	2	—	2	47.5	—	47.5
Foxborough	54	50	104	41.7	39.3	40.5	37	41	78	39.7	38.7	39.2	17	9	26	46.0	41.9	44.6
Bridgewater	28	—	28	38.9	—	38.9	23	—	23	39.2	—	39.2	5	—	5	37.5	—	37.5
Granton	12	9	21	40.0	34.7	37.7	8	4	12	43.7	38.7	42.0	4	5	9	32.5	31.5	31.9
Boston Psychopathic	29	17	46	38.8	34.5	37.3	28	16	44	38.1	35.3	37.5	1	1	2	42.5	22.5	32.5
Monson	13	5	18	32.1	23.5	29.7	11	5	16	31.1	23.5	28.7	2	—	2	37.5	—	37.5
Total	1,050	850	1,900	43.6	43.7	43.6	701	580	1,281	43.2	43.4	43.3	349	270	619	44.4	43.9	44.2
Percent	100.0	100.0	100.0				66.8	68.2	67.4				33.2	31.8	32.6			

(See Tables 219 and 220 for detail)

higher for readmissions than for first admissions.
It will be observed in Table 50 that 67.4 per cent of the cases discharged were first admissions while 32.6 per cent were readmissions. The percentages remain about the same for each of the sexes.

LENGTH OF HOSPITAL STAY DURING THIS ADMISSION, COURT CASES
DISCHARGED, 1929-1935

Table 51 shows that the average length of hospital stay of cases discharged has been 1.2 years during the past seven years. From 1933 on the length of residence has been subdivided into first and readmissions. While the first admissions have remained in hospital about one year, we note an increasing length of hospital stay of readmissions from 1.5 years in 1933 to 1.7 years in 1935. These differences in length of hospital stay are quite significant if we recall the tendency for first admissions to make up larger proportions of the discharges (Table 42). While the readmissions are staying in hospital a longer period of time their numbers are slightly decreasing, which tends to balance matters.

TABLE 51. — *Length of Hospital Stay During This Admission, Court Cases Discharged, 1929-1935, by Year and Sex: Averages¹*

YEARS	AVERAGE LENGTH OF HOSPITAL STAY IN YEARS								
	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1929	1.0	.8	1.0	—	—	—	—	—	—
1930	1.2	1.2	1.2	—	—	—	—	—	—
1931	1.2	1.3	1.2	—	—	—	—	—	—
1932	1.2	1.1	1.2	—	—	—	—	—	—
1933	1.3	1.1	1.2	1.1	1.0	1.0	1.6	1.3	1.5
1934	1.2	1.2	1.2	1.0	1.1	1.0	1.6	1.6	1.6
1935	1.3	1.1	1.2	1.0	.9	1.0	1.9	1.4	1.7

¹Includes all State Hospitals, Bridgewater, Tewksbury, McLean and U. S. Veterans' Administration Facilities Nos. 107 and 95.

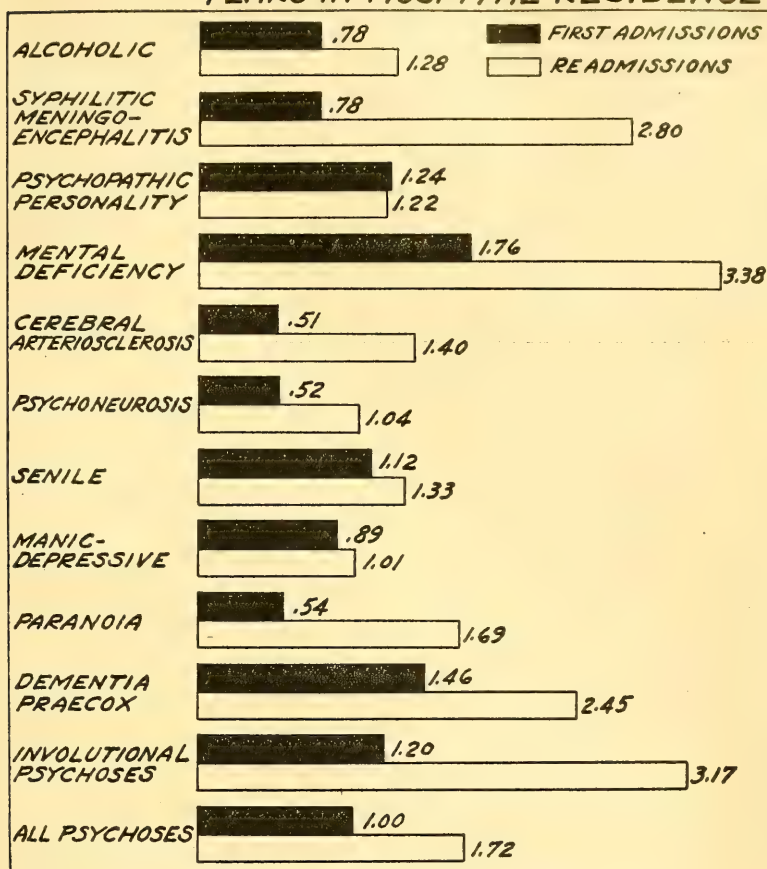
AVERAGE LENGTH OF HOSPITAL STAY DURING THIS ADMISSION AND
ALL ADMISSIONS, BY MENTAL DISORDERS

Table 52 and Graph 4 show us that the average length of hospital stay of first admissions discharged during 1935 was 1.00 year; 1.01 years for the males and .98 years for the females. The average hospital stay during this admission for the readmissions was 1.72 years; 1.97 years for the males and 1.41 for the females. It is evident that first admissions leave the hospital in one year while the readmissions discharged stay over half again as long, or one year and eight months.

The readmissions had previous hospital residences during which they remained within institutions an average 1.49 years. We see a longer average stay for the females, 1.59 years as opposed to 1.40 years for the males. Readmissions show a total time in institutions during all admissions, including previous admissions as well as the present admission, of 3.21 years; 3.37 for the males and 3.00 years for the females. We notice a four months difference in length of residence between the sexes here. Apparently, the females tend to remain in institutions longer during their early admissions, while the males remain slightly longer during the later admissions.

Turning to the individual psychoses, and referring to *this* admission only, we note that the undiagnosed psychoses show the longest average hospital stay of 2.32 years for first admissions and .20 years for readmissions. Psychoses with mental deficiency show an average residence of 1.76 years for first admissions and 3.38 years for readmissions; with convulsive disorders, 1.62 for first admissions and 2.02 for readmissions; dementia praecox, 1.46 years for first admissions and 2.45 years for readmissions; with psychopathic personality, 1.24 years for the first admissions and 1.22 years for the readmissions; involuntal psychoses, 1.20

YEARS IN HOSPITAL RESIDENCE



GRAPH 4. — AVERAGE LENGTH OF TIME IN RESIDENCE OF CERTAIN PSYCHOSES, COURT CASES DISCHARGED DURING 1935: FIRST ADMISSIONS AND READMISSIONS.

years for first admissions and 3.17 years for readmissions; without psychoses, 1.14 years for first admissions and 1.09 years for readmissions; senile psychoses, 1.12 years for first admissions and 1.33 years for readmissions; and manic-depressive psychoses, .89 years for first admissions and 1.01 years for readmissions. Cases with involutional psychoses, dementia praecox, with convulsive disorders and psychoses with mental deficiency show long periods of hospital residence for both first and readmissions. Cases due to new growth, with primary behavior disorders, with epidemic encephalitis, with other disturbances of circulation, with other infectious diseases, and the psychoses due to drugs show the shorter periods of hospital residence. Most of the psychoses tend to show longer periods of residence during this admission when they become readmissions. The psychoses with primary behavior disorders, due to drugs, the cases without psychoses, with psychopathic personality and the undiagnosed psychoses are conspicuous exceptions to this rule as these psychoses tend to show a shorter hospital residence when they become readmissions.

DISCHARGE RATES PER 1,000, ALL FIRST AND READMISSIONS
UNDER CARE, 1935, BY PSYCHOSES AND AGE

Table 53 outlines the discharge rates in the various psychoses per thousand cases under care for both first and readmissions. We note that the first admissions show the high discharge rate of 180 cases per thousand under care, while the readmissions have a much lower rate of 100. In the first admissions the psychoses due to drugs show the highest discharge rate of 673. The psychoneuroses are second with a rate of 565; psychoses with other infectious diseases third with 320; due to new growth fourth with 308; and psychopathic personality fifth with 295. Cases with dementia praecox show a low discharge rate of 98 per thousand under care. The lowest discharge rates are seen in the psychoses with mental deficiency with 56; in the senile psychoses with a rate of 64; and with convulsive disorders (epilepsy), with 86 cases discharged per thousand under care. Cases with primary behavior disorders are not discussed in this connection because of the extremely small number of cases involved.

TABLE 53. — *Discharge Rates per 1,000 Under Care, All First and Readmissions Discharged, 1935, by Mental Disorders*

FIRST ADMISSIONS	Discharge Rate per 1,000	READMISSIONS	Discharge Rate per 1,000
Due to drugs, etc.	673.	Psychoneuroses	422.
Psychoneuroses	565.	Due to drugs, etc.	421.
With other infectious diseases	320.	With other infectious diseases	364.
Due to new growth	308.	With psychopathic personality	288.
With psychopathic personality	295.	Due to new growth	200.
Alcoholic psychoses	287.	Manic-depressive psychoses	193.
Manic-depressive psychoses	282.	Alcoholic psychoses	182.
Due to other metabolic diseases, etc.	236.	Due to other metabolic diseases, etc.	162.
Traumatic psychoses	224.	With other forms of syphilis	140.
With organic changes of nervous system	154.	With syphilitic meningo-encephalitis	119.
Involuntary psychoses	148.	With epidemic encephalitis	116.
With other disturbances of circulation	146.	With organic changes of nervous system	111.
With syphilitic meningo-encephalitis	133.	Traumatic psychoses	100.
Paranoia and paranoid conditions	123.	With other disturbances of circulation	100.
With epidemic encephalitis	110.	With cerebral arteriosclerosis	96.
With other forms of syphilis	105.	Paranoia and paranoid conditions	95.
With cerebral arteriosclerosis	99.	With convulsive disorders (epilepsy)	82.
Dementia praecox	98.	Senile psychoses	67.
With convulsive disorders (epilepsy)	86.	Involuntary psychoses	67.
Senile psychoses	64.	With mental deficiency	39.
With mental deficiency	56.	Dementia praecox	37.
Undiagnosed psychoses	845.	Undiagnosed psychoses	563.
Without psychoses	398.	Without psychoses	503.
Primary behavior disorders	951.	Primary behavior disorders	941.
Total	180.	Total	100.

NOTE: — In contrast with other tables in this section, the present table includes rates on *all* discharges from institutions during 1935 and not court discharges only.

Among the readmissions the highest discharge rate of 422 occurs in the psychoneuroses. The psychoses due to drugs are second in order with a discharge rate of 421; with other infectious diseases third with a rate of 364; psychopathic personality fourth with 288; and due to new growth fifth with a rate of 200. The lowest discharge rates among the readmissions are seen in dementia praecox, with mental deficiency and the involuntary psychoses with rates of 37, 39 and 67 respectively.

In evaluating these findings the age factor should not be forgotten. With the exception of dementia praecox, most of the psychoses show high discharge rates in the younger ages and lower discharge rates in the older ages. Detailed discharge rates for the different age groups within the respective psychoses are outlined in Table 54.

Table 54 presents the discharge rates in the psychoses by age for both first and readmissions of all cases discharged during 1935. As the discharge rates for the psychoses outlined in Table 53 might be influenced by a preponderance of younger or older patients in a particular psychosis, we are presenting the detail

of each psychosis by age. In the psychoses, cases under care in each age group are compared with the number discharged within the same age groups. This gives us a discharge rate based not only on psychosis but on age as well. It also enables us to test whether or not dementia praecox cases aged 30-39 years, for example, will have a greater or a lesser chance of discharge than cases aged 40-49 years. Let us first inspect the discharge rates within the various age groups for first admissions.

In the age group 0-19 years, the alcoholic psychoses, other forms of syphilis, the psychoneuroses, and with other infectious diseases, show the highest discharge rates of 1,000, 1,000, 667 and 667, respectively. In the 20-29 year age group, the psychoses due to drugs, with a rate of 1,000, the psychoses with other infectious diseases, with a rate of 857, and the alcoholic psychoses, with 686 present the highest rates. In the group 30-39 years, the psychoses due to drugs, the psychoneuroses, and the alcoholic psychoses present discharge rates of 909, 620, and 541, respectively. In the next group, 40-49 years, the psychoses due to new growth, due to drugs, and the psychoneuroses show the highest rates of 667, 632, and 605, respectively. In the age group 50-59 years, the psychoses due to drugs, with a rate of 625, the psychoneuroses with a rate of 426, and due to new growth with a rate of 400 show the greatest tendency to discharge. In the group 60-69 years, the psychoses with other infectious diseases, the psychoses due to drugs, and the psychoneuroses show rates of 667, 429, and 313, respectively. In the next age group we find the psychoneuroses heading the list with a discharge rate of 500 cases discharged per each 1,000 under care of the same psychosis. The psychoses due to other metabolic diseases, the traumatic psychoses and psychoses with other disturbances of circulation are next in order with rates of 333, 200 and 200, respectively. In the age group 80-89 years, we find that the alcoholic psychoses present the highest discharge rate of 77. It is evident from the above that certain psychoses tend to have high discharge rates in all of the age groups. However, at the other extreme, we note that psychoses with dementia praecox, psychoses with mental deficiency, and psychoses with convulsive disorders (epilepsy) tend to have low discharge rates whatever the group.

Reviewing the total line for the first admissions we note that the age group 0-19 years show the highest discharge rate of 307. The age group 20-29 years shows a rate of 272; the 30-39 year age group a rate of 246; the 40-49 year age group a rate of 193; the 50-59 year group a rate of 146; the 60-69 year group a rate of 95; the 70-79 year group a rate of 65; and the age groups 80-89 years and 90 years and over a rate of 40 each. Here we note a rather remarkable correlation between high discharge rates and the younger age groups. This situation prevails in practically all of the psychoses. Even those psychoses which do not make their appearance until later years show higher discharge rates in those developing the psychosis in the younger ages.

Important sex differences are noted. For all psychoses together in the first admissions, the males present a discharge rate of 194 as compared with 165 for the females. This finding checks with the higher proportions of males admitted. The females show discharge rates which are higher than those of the males in but one age group, 20-29 years. In all other age groups the males show the higher discharge rates. We find progressively greater differences between the sexes the older the age group.

The discharge rates for the readmissions are not discussed owing to space limitations. However, the figures are available in Table 54 and show the same essential characteristics as are observed in the first admissions.

TABLE 54. — Discharge Rates per 1,000 Under Care,¹ All First and Readmissions Discharged, 1935, by Present Age and Mental Disorders

MENTAL DISORDERS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to drugs, etc.:															
First admissions	696	655	673	—	—	—	1,000	1,000	1,000	1,000	833	909	667	600	632
Readmissions	300	556	421	1,000	—	1,000	—	1,000	1,000	500	—	500	250	500	333
Psychoneuroses:															
First admissions	643	507	565	333	889	667	710	500	580	705	563	620	667	537	605
Readmissions	554	319	422	1,000	200	333	444	600	526	722	357	563	385	333	351
With other infectious diseases:															
First admissions	269	375	320	1,000	500	667	1,000	833	857	222	333	250	250	111	177
Readmissions	500	—	364	—	—	—	—	—	—	—	—	—	750	—	600
Due to new growths:															
First admissions	333	250	308	—	—	—	—	—	—	—	—	—	500	1,000	667
Readmissions	—	333	200	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality:															
First admissions	306	283	295	385	462	423	435	381	409	303	296	300	368	143	273
Readmissions	294	281	288	333	800	625	583	333	424	500	400	458	105	167	129
Alcoholic psychoses:															
First admissions	283	314	287	1,000	—	1,000	667	833	686	541	539	541	419	426	420
Readmissions	184	172	182	1,000	—	1,000	900	1,000	909	438	800	500	276	207	264
Manic-depressive psychoses:															
First admissions	279	284	282	575	450	513	385	406	397	288	339	320	267	268	268
Readmissions	204	187	193	—	286	222	388	432	412	298	324	314	212	208	209
Due to other metabolic diseases, etc.:															
First admissions	212	250	236	—	500	333	500	455	467	200	423	361	214	200	206
Readmissions	182	154	162	—	—	—	—	—	—	—	600	600	—	200	200
Traumatic psychoses:															
First admissions	238	154	224	—	—	—	600	—	546	375	500	400	100	—	77
Readmissions	107	—	100	—	—	—	333	—	333	—	—	—	286	—	286
With organic changes of nervous system:															
First admissions	79	261	154	—	429	200	143	167	150	50	111	69	36	556	239
Readmissions	87	136	111	1,000	—	500	—	143	91	—	—	—	—	154	65
Involuntary psychoses:															
First admissions	143	150	148	—	—	—	—	—	—	—	250	250	191	233	225
Readmissions	78	60	67	—	—	—	—	—	—	—	—	—	200	118	148
With other disturbances of circulation:															
First admissions	158	136	146	—	—	—	—	—	—	500	—	250	—	67	56
Readmissions	333	—	100	—	—	—	—	—	—	—	—	—	—	—	—
With syphilitic meningo-encephalitis:															
First admissions	125	159	133	—	333	167	167	125	154	165	238	183	133	111	129
Readmissions	119	115	119	—	—	—	286	—	222	78	—	69	110	111	110
Paranoia and paranoid conditions:															
First admissions	174	100	123	—	—	—	500	—	429	231	182	200	268	133	181
Readmissions	92	96	95	—	—	—	—	—	—	200	267	250	118	132	127

With epidemic encephalitis:	113	103	110	111	—	63	143	143	143	182	100	143	71	250	111
	143	67	116	750	333	571	—	—	—	111	—	100	—	—	—
With other forms of syphilis:	96	129	105	1,000	—	1,000	—	—	—	200	143	177	65	167	81
	158	105	140	—	—	—	—	1,000	500	143	—	111	267	250	263
With cerebral arteriosclerosis:	114	81	99	—	—	—	—	—	—	—	—	—	143	200	167
	115	78	96	—	—	—	—	—	—	—	—	—	1,000	167	286
Dementia praecox:	95	102	98	292	250	273	163	188	173	128	142	134	57	101	79
	44	30	37	250	100	200	165	134	152	58	64	60	38	36	37
With convulsive disorders (epilepsy):	94	77	86	152	100	127	128	54	95	90	164	126	63	82	73
	122	32	82	500	—	286	360	63	244	113	73	96	78	29	61
Senile psychoses:	80	55	64	—	—	—	—	—	—	—	—	—	—	—	—
	100	50	67	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency:	56	56	56	167	150	159	86	96	91	71	71	71	46	52	49
	52	28	39	200	250	231	130	67	97	87	65	77	37	13	24
Undiagnosed psychoses:	833	855	845	1,000	750	857	808	941	861	818	900	871	800	647	719
	690	476	563	—	—	—	667	750	714	833	333	533	625	667	647
Without psychoses:	454	317	398	233	237	235	393	368	383	606	252	479	653	421	557
	567	409	503	439	400	420	532	460	500	595	378	519	521	419	483
Primary behavior disorders:	942	967	951	946	1,000	965	1,000	667	923	—	1,000	1,000	667	1,000	750
	875	1,000	941	1,000	1,000	1,000	—	1,000	500	—	1,000	1,000	—	—	—
Total:	194	165	180	310	303	307	269	276	272	261	227	246	206	179	193
First admissions:	116	84	100	433	371	402	274	248	262	138	145	141	98	85	92

†Cases under care include all cases in residence and cases out of institutions on visit, etc., on September 30, 1935, plus all discharges and all deaths during the year 1935.

TABLE 54. — *Discharge Rates per 1,000 Under Care, All First and Readmissions Discharged, 1935, by Present Age and Mental Disorders — Concluded*

MENTAL DISORDERS	50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to drugs, etc.:															
First admissions	600	667	625	500	400	429	—	—	—	—	—	—	—	—	—
Readmissions	—	500	333	—	500	250	—	500	500	—	—	—	—	—	—
Psychoneuroses:															
First admissions	500	375	426	500	250	313	500	—	500	—	—	—	—	—	—
Readmissions	500	125	350	1,000	250	400	—	—	—	—	—	—	—	—	—
With other infectious diseases:															
First admissions	—	—	—	500	1,000	667	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	1,000	—	1,000	—	—	—	—	—	—	—	—	—
Due to new growth:															
First admissions	500	—	400	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	1,000	333	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality:															
First admissions	—	364	182	250	—	118	—	—	—	—	—	—	—	—	—
Readmissions	182	125	158	143	—	83	—	—	—	—	—	—	—	—	—
Alcoholic psychoses:															
First admissions	151	227	160	113	143	117	—	—	—	100	—	77	—	—	—
Readmissions	150	174	154	77	50	71	63	—	51	—	—	—	—	—	—
Manic-depressive psychoses:															
First admissions	214	227	221	197	160	176	67	49	56	—	—	—	—	—	—
Readmissions	146	145	145	165	64	104	55	34	42	50	—	39	—	—	—
Due to other metabolic diseases, etc.:															
First admissions	191	148	167	231	46	114	—	500	333	—	—	—	—	—	—
Readmissions	667	—	200	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses:															
First admissions	286	—	267	—	500	56	333	—	200	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system:															
First admissions	143	188	167	95	182	125	—	—	—	—	—	—	—	—	—
Readmissions	333	250	286	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses:															
First admissions	130	159	148	200	65	107	—	—	—	—	—	—	—	—	—
Readmissions	48	70	63	69	56	62	—	—	—	—	—	—	—	—	—
With other disturbances of circulation:															
First admissions	125	444	294	118	83	103	333	—	200	—	—	—	—	—	—
Readmissions	500	—	333	—	—	—	—	—	—	—	—	—	—	—	—
With syphilitic meningo-encephalitis:															
First admissions	139	225	165	34	—	28	71	—	50	—	—	—	—	—	—
Readmissions	122	214	135	263	125	222	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions:															
First admissions	118	125	123	44	75	67	111	—	19	—	—	—	—	—	—

Readmissions	125	125	125	44	47	46	77	—	26	—	—	—	1,000
With epidemic encephalitis:													1,000
First admissions	—	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis:													—
First admissions	118	200	148	50	—	42	—	—	—	—	—	—	—
Readmissions	—	—	—	167	—	100	—	—	—	—	—	—	—
With cerebral arteriosclerosis:													—
First admissions	160	184	171	135	82	110	96	71	85	25	50	—	—
Readmissions	333	100	188	82	51	68	96	94	95	—	—	—	—
Dementia praecox:													—
First admissions	42	62	53	4	9	7	—	—	—	—	—	—	—
Readmissions	16	16	16	17	8	11	—	—	—	—	—	—	—
With convulsive disorders (epilepsy):													—
First admissions	115	16	60	44	29	38	—	67	40	—	—	—	—
Readmissions	116	22	68	36	—	17	—	—	—	—	—	—	—
Senile psychoses:													—
First admissions	18	231	57	348	99	142	87	42	58	21	30	—	69
Readmissions	667	—	333	91	48	63	53	75	68	—	—	—	—
With mental deficiency:													—
First admissions	13	—	7	15	20	17	—	—	—	—	—	—	—
Readmissions	19	—	10	18	—	8	—	—	—	—	—	—	—
Undiagnosed psychoses:													—
First admissions	750	1,000	882	1,000	1,000	1,000	—	—	—	—	—	—	—
Readmissions	800	444	571	667	—	286	—	500	333	—	—	—	—
Without psychoses:													—
First admissions	756	351	590	450	588	491	700	600	650	667	667	—	—
Readmissions	654	500	589	708	211	488	667	—	667	—	—	—	—
Primary behavior disorders:													—
First admissions	—	1,000	1,000	1,000	—	1,000	—	1,000	1,000	—	—	—	—
Readmissions	—	—	1,000	1,000	—	1,000	—	—	—	—	—	—	—
Total:													—
First admissions	150	141	146	109	79	95	80	51	65	25	40	61	40
Readmissions	94	61	76	82	26	50	49	21	32	8	6	100	100

¹Cases under care include all cases in residence and cases out of institutions on visit, etc., on September 30, 1935, plus all discharges and all deaths during the year 1935.

NUMBER OF TIMES OUT ON VISIT, COMMITTED PATIENTS DISCHARGED

The 1,900 committed cases discharged during 1935 had a total of 3,166 visits, or an average of 1.9 visits for each patient discharged, (Table 55). We note that 14.2 per cent of these patients were discharged directly from the institution without being placed on visit; 53.4 per cent had one visit, 16.7 per cent, two visits; 5.7 per cent, three visits; and an additional 10.0 per cent had four or more visits previous to discharge.

Considering the individual psychoses, the highest average number of times placed on visit is observed in cases without psychoses and in the psychoses with mental deficiency, with an average of 2.6 and 2.4 respectively. This is followed by psychoses with dementia praecox, 2.3 and the psychoses with syphilitic meningo-encephalitis, 2.3. The lowest average number of times out on visit are observed in psychoses with epidemic encephalitis, due to drugs, traumatic psychoses, due to new growth and primary behavior disorders, 1.0 each. In comparing these averages for the different psychoses, we should recall that the number of visits is somewhat dependent upon the length of stay of the patients. Obviously, patients with psychoses which average long periods of hospital residence will have more opportunity to leave the institution on visit.

TABLE 55. — *Times Out on Visit During This Admission of Committed Patients Discharged, 1935, by Mental Disorders*

MENTAL DISORDERS	TOTAL		NUMBER OF TIMES ON VISIT							Average Number of Times Out
	Cases	No. of Visits	None	One	Two	Three	Four-Six	Seven-Nine	Ten or More	
With syphilitic meningo-encephalitis	92	200	8	53	12	1	11	3	4	2.3
With other forms of syphilis	10	19	1	6	1	1	—	1	—	2.1
With epidemic encephalitis	7	5	2	5	—	—	—	—	—	1.0
With other infectious diseases	10	9	2	7	1	—	—	—	—	1.1
Alcoholic psychoses	201	264	38	110	34	10	6	1	2	1.6
Due to drugs, etc.	11	9	2	9	—	—	—	—	—	1.0
Traumatic psychoses	6	5	1	5	—	—	—	—	—	1.0
Cerebral arteriosclerosis	132	144	12	103	13	2	2	—	—	1.2
With other disturbances of circulation	9	10	—	8	1	—	—	—	—	1.1
With convulsive disorders (epilepsy)	40	68	7	18	6	2	6	1	—	2.0
Senile psychoses	37	46	8	22	3	1	3	—	—	1.5
Involuntary psychoses	67	130	3	43	9	3	6	2	1	2.0
Due to other metabolic diseases, etc.	30	40	—	23	6	—	1	—	—	1.3
Due to new growth	2	2	—	2	—	—	—	—	—	1.0
With organic changes of nervous system	14	16	3	8	1	2	—	—	—	1.4
Psychoneuroses	73	137	13	34	7	7	8	4	—	2.2
Manic-depressive	434	673	48	249	83	25	17	10	2	1.7
Dementia praecox	512	1,076	49	231	110	43	53	12	14	2.3
Paranoia and paranoid conditions	52	90	6	31	7	4	1	2	1	1.9
With psychopathic personality	32	44	12	11	6	—	2	—	1	2.2
With mental deficiency	57	109	12	21	10	6	6	—	2	2.4
Undiagnosed psychoses	6	5	2	3	1	—	—	—	—	1.2
Without psychoses	63	64	39	12	6	1	3	—	2	2.6
Primary behavior disorders	3	1	2	1	—	—	—	—	—	1.0
Total	1,900	3,166	270	1,015	317	108	125	36	29	1.9
Percent	100.0		14.2	53.4	16.7	5.7	6.6	1.9	1.5	

DISCHARGE RATES BY NUMBER OF ADMISSION

Table 56 shows the discharge rates for 1935 in accordance with the number of this admission. In the total line we note that the first admissions present a discharge rate of 180.4, which is approximately eighty per cent higher than that of the readmissions, 100.1. In the first admissions the male discharge rate is 17 per cent higher than that of the females, while in the readmissions, the male discharge rate is about 39 per cent higher than that of the females. The cases

TABLE 56. — *Discharge Rates of ALL First and Readmissions Under Care in Mental Hospitals, 1935, by Number of This Admission and Sex*

NUMBER OF THIS ADMISSION	CASES UNDER CARE						DISCHARGES						RATE PER 1,000					
	First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First.	9,961	8,725	18,686	—	3,424	3,186	—	—	—	—	—	—	193.6	165.3	180.4	—	—	—
Second	—	—	—	2,136	2,072	4,208	—	—	—	425	252	677	—	—	—	124.1	79.1	102.4
Third	—	—	—	924	954	1,878	—	—	—	192	175	367	—	—	—	89.9	84.5	87.2
Fourth	—	—	—	387	443	830	—	—	—	102	72	174	—	—	—	110.4	75.5	92.7
Fifth	—	—	—	178	192	370	—	—	—	50	31	81	—	—	—	129.2	70.0	97.6
Sixth	—	—	—	114	106	220	—	—	—	22	13	35	—	—	—	123.6	67.7	94.6
Seventh	—	—	—	52	60	112	—	—	—	22	17	39	—	—	—	193.0	160.4	177.3
Eighth	—	—	—	28	43	71	—	—	—	8	11	19	—	—	—	153.8	183.3	169.6
Ninth	—	—	—	58	62	120	—	—	—	8	5	13	—	—	—	285.7	116.3	183.1
Tenth or over.	—	—	—	—	—	—	—	—	—	20	18	38	—	—	—	344.8	290.3	316.7
Total	9,961	8,725	18,686	7,301	7,118	14,419	1,929	1,442	3,371	849	594	1,443	193.6	165.3	180.4	116.3	83.5	100.1

under care experiencing their tenth or higher admission showed the highest discharge rate of 316 per thousand. Patients in hospital for the ninth time show the second highest discharge rate of 183. The third place is occupied by first admissions with a discharge rate of 180 per thousand under care.

It is interesting to observe that patients in hospital for the first time and those having a high number of multiple admissions show the higher discharge rates. The lowest discharge rate of 87 is observed in patients having their third admission. Those experiencing the fourth admission show a rate of 92. Those in the hospital for the fifth and sixth time show rates of 97 and 94, respectively.

From this material it is evident that patients having three, four, five or six admissions are those tending to remain in hospital. Conversely, patients having one, two, seven, eight, nine, and ten or more admissions will make up larger proportions of those leaving the hospital.

INFLUENCE OF ECONOMIC STATUS UPON THE DISCHARGE RATE

Table 57 demonstrates the influence of economic status upon the discharge rate of first admissions and readmissions who left the institution during 1935. For example, we had a total of 5,544 dependent cases under care during 1935. This number includes the resident population and all patients out at the end of the year, plus all discharges and deaths that occurred during the year. It will be noted that 311 cases were discharged, giving a discharge rate of 56 per 1,000 cases under care. The same method is used in presenting discharge rates for the other economic groups.

Among the first admissions, the discharge rate for the dependent group was 62 cases per 1,000 under care. For the marginal group, the rate was 82; and for the comfortable group, 99. The readmissions who left the hospital during the year showed a discharge rate of 44 in the dependent group; 46 in the marginal group; and 48 in the comfortable group. Considering both first and readmissions together, the discharge rate for the dependent group was 56; for the marginal group, 64; and for the comfortable group, 78. Taking all discharges as a whole, it is evident that the economic status of the family plays no small part in the matter of discharge as the marginal and comfortable groups show discharge rates above the dependent groups in both first and readmissions.

Sex differences are noted in the dependent first admissions discharged. The rate of 67 for the males is more than the rate of 61 for the females. In the marginal group, the males have a discharge rate of 84, and the females a rate of 78. In

TABLE 57. — *Economic Status of Court First and Readmissions Discharged, 1935, by Sex: Discharge Rates per 1,000 Under Care*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Care . . .	3,103	2,441	5,544	2,032	1,579	3,611	1,071	862	1,933
Discharges . . .	199	112	311	138	87	225	61	25	86
Rate per 1,000 . .	64.1	45.8	56.0	67.9	61.6	62.3	56.9	29.0	44.4
Marginal:									
Under Care . . .	11,462	10,905	22,367	6,050	5,446	11,496	5,412	5,459	10,871
Discharges . . .	777	667	1,444	514	429	943	263	238	501
Rate per 1,000 . .	67.7	61.1	64.5	84.9	78.7	82.0	48.5	43.5	46.0
Comfortable:									
Under Care . . .	609	933	1,542	371	546	917	238	387	625
Discharges . . .	61	60	121	38	53	91	23	7	30
Rate per 1,000 . .	100.1	64.3	78.4	102.4	97.0	99.2	96.6	18.0	48.0
Unknown:									
Under Care . . .	241	302	543	173	228	401	68	74	142
Discharges . . .	13	11	24	11	11	22	2	—	2
Rate per 1,000 . .	53.9	36.4	44.1	63.5	48.2	54.8	29.4	—	14.0
Total:									
Under Care . . .	15,415	14,581	29,996	8,626	7,799	16,425	6,789	6,782	13,571
Discharges . . .	1,050	850	1,900	701	580	1,281	349	270	619
Rate per 1,000 . .	68.1	58.2	63.3	81.2	74.3	77.9	51.4	39.8	45.6

the comfortable group the males again show the higher discharge rate of 102 as against 97 for the females. The dependent readmissions show a discharge rate of 56 for the males and 29 for the females. Marginal readmissions show a discharge rate of 48 for the males and 43 for the females. Readmissions of the comfortable group show a discharge rate of 96 for the males and 18 for the females. It will be noted that the males show much higher discharge rates in the comfortable group than the females.

MARITAL STATUS OF COURT FIRST AND READMISSIONS DISCHARGED, 1935;
DISCHARGE RATES PER 1,000 UNDER CARE

Table 58 outlines the discharge rates for the various marital status groups in both first and readmissions. In the first admissions the low discharge rate of 59 is seen in the widowed, while the high discharge rate of 108 is shown in the married group. The single show a discharge rate of 62; the divorced a rate of 83; and the separated a rate of 79. It will be observed among the first admissions that the single and widowed do not tend to leave the institution at such a rapid rate as the married, the divorced or the separated. It has been considered that the higher discharge rate among the married was probably due to the fact that someone was waiting for the patient and there was a home available for him to go to. These factors are missing among the divorced and the separated, yet we see that their discharge rates are only slightly under that of the married group.

Among the readmissions, or those cases which might be considered as tending to chronicity, we have a somewhat contrasting set of figures. Here the single show the lowest discharge rate of 35 and the married the highest rate of 62. However, in this group we observe that the widowed have a comparatively high discharge rate of 52, while the divorced and separated present lower rates of 42 and 49, respectively. This is in marked contrast to the situation in the first admissions. In the readmissions the relationship between the single and the

TABLE 58. — *Marital Status of Court First and Readmissions Discharged, 1935, by Sex: Discharge Rates per 1,000 Under Care*

MARITAL STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Care . . .	9,546	6,935	16,481	4,963	3,583	8,546	4,583	3,352	7,935
Discharges . . .	519	300	819	339	195	534	180	105	285
Rate per 1,000 . .	54.3	43.2	49.6	68.3	54.4	62.4	39.2	31.3	35.9
Married:									
Under Care . . .	4,377	5,293	9,670	2,654	2,777	5,431	1,723	2,516	4,239
Discharges . . .	420	436	856	284	306	590	136	130	266
Rate per 1,000 . .	95.9	82.3	88.5	107.0	110.1	108.6	78.9	51.6	62.7
Widowed:									
Under Care . . .	921	1,762	2,683	672	1,169	1,841	249	593	842
Discharges . . .	66	88	154	48	62	110	18	26	44
Rate per 1,000 . .	71.6	49.9	57.3	71.4	53.0	59.7	72.2	43.8	52.2
Divorced:									
Under Care . . .	331	351	682	190	159	349	141	192	333
Discharges . . .	27	16	43	18	11	29	9	5	14
Rate per 1,000 . .	81.5	45.5	63.0	94.7	69.1	83.0	63.8	26.0	42.0
Separated:									
Under Care . . .	190	225	415	113	101	214	77	124	201
Discharges . . .	18	9	27	12	5	17	6	4	10
Rate per 1,000 . .	94.7	40.0	65.0	106.1	49.5	79.4	77.9	32.2	49.7
Unknown:									
Under Care . . .	50	15	65	34	10	44	16	5	21
Discharges . . .	—	1	1	—	1	1	—	—	—
Rate per 1,000 . .	—	66.6	15.3	—	100.0	22.7	—	—	—
Total:									
Under Care . . .	15,415	14,581	29,996	8,626	7,799	16,425	6,789	6,782	13,571
Discharges . . .	1,050	850	1,900	701	580	1,281	349	270	619
Rate per 1,000 . .	68.1	58.2	63.3	81.2	74.3	77.9	51.4	39.8	45.6

married is practically the same as in the first admissions. However, the widowed make a better showing and the divorced and separated make a much poorer showing than they did in the first admissions.

AVERAGE TIME WITHIN INSTITUTION OF COURT FIRST AND READMISSIONS
DISCHARGED, 1935

Table 59 demonstrates the average length of hospital stay during the present admission of court first and readmissions discharged during 1935. It will be observed that the average length of stay for all discharges was 1.23 years, 1.00 years for the first admissions and 1.72 years for the readmissions. Thus we see that the readmissions tend to have a hospital stay which is over half again as long as that of the first admissions. Discarding the Boston Psychopathic Hospital because of the small number of cases involved, we observe that the shortest average hospital stay of first admissions, that of .67 years, occurs at the McLean Hospital. The Medfield State Hospital is second with an average stay of .75, and Boston State is third with an average stay of .81 years. Among the readmissions, Monson shows the lowest average residence of .37 years. McLean is second with an average of .76 years and Grafton third with an average of 1.02 years. Among the State mental hospitals, the longest average residence of readmissions occurs at the Gardner State Hospital with 3.15 years.

TABLE 59. — *Average Length of Hospital Stay During This Admission of Court First and Readmissions Discharged, 1935, by Hospital*

HOSPITALS	LENGTH OF RESIDENCE		
	Total Discharges	First Admissions	Readmissions
Boston State	1.14	.81	1.76
Boston Psychopathic . . . . .	.28	.27	.37
Danvers	1.15	.89	1.74
Foxborough	1.24	1.10	1.64
Gardner	2.03	1.99	3.15
Grafton	1.21	1.36	1.02
Medfield	1.05	.75	1.75
Metropolitan	1.37	—	1.37
Northampton	1.08	1.01	1.30
Taunton	1.13	1.24	1.09
Westborough	1.29	1.18	1.51
Worcester . . . . .	.99	.82	1.42
Monson	1.73	1.89	.37
McLean . . . . .	.69	.67	.76
Bridgewater	3.50	3.74	2.44
Tewksbury	3.66	7.50	5.50
Veterans' Administration Facility No. 107	1.87	.91	2.38
Veterans' Administration Facility No. 95	2.20	1.79	2.40
Total	1.23	1.00	1.72

AVERAGE LENGTH OF HOSPITAL STAY BY AGE AT ADMISSION

Table 60 gives the average length of hospital stay of court cases discharged during 1935 and reveals that first admissions remain in hospital an average of 1.00 year, while readmissions on discharge have remained 1.72 years. That is, the length of stay of readmissions is about 72 per cent longer than that of first admissions. In the cases admitted between the ages 15-19 years and 30-34 years, the readmissions remained in hospital a length of time which was 127 per cent longer than that of the first admissions. However, the greatest excess is seen in the cases admitted in the age group 55-59 years, where the readmissions remained a length of time 153 per cent longer than the first admissions. No trends are observable in this matter, however, as cases admitted between 25-29 years of age and 60-64 years of age show the lowest excess in length of residence, 26 per cent for both groups.

When we compare the length of hospital residence of the various age groups within first admissions and readmissions significant tendencies are observable. The first admissions show the longest hospital residence of 2.10 years for cases admitted 14 years of age or younger. Through the age groups we note gradual

TABLE 60. — *Average Length of Hospital Stay During This Admission, Court Cases Discharged, 1935, by Age at Admission and Sex*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
0-14 years . . . . .	.51	3.37	2.10	.51	3.37	2.10	—	—	—
15-19 years	1.44	1.15	1.30	1.14	1.07	1.11	2.73	2.02	2.52
20-24 years	1.18	1.03	1.12	.97	.97	.97	1.76	1.12	1.45
25-29 years	1.65	.80	1.28	1.47	.80	1.18	2.02	.82	1.49
30-34 years	1.92	1.54	1.75	1.21	1.24	1.22	3.37	2.10	2.77
35-39 years	1.38	1.08	1.26	.99	1.07	1.03	1.91	1.09	1.61
40-44 years	1.59	1.10	1.39	1.32	.85	1.12	1.98	1.55	1.82
45-49 years	1.23	1.14	1.18	.87	1.11	1.00	1.92	1.21	1.58
50-54 years	1.06	1.14	1.10	.76	1.01	.89	1.60	1.34	1.46
55-59 years . . . . .	.99	1.19	1.08	.78	.65	.71	1.35	2.37	1.80
60-64 years	1.02	1.07	1.04	.96	.98	.97	1.15	1.39	1.23
65-69 years	1.05	.77	.95	.81	.42	.66	1.44	1.47	1.45
70-74 years . . . . .	.47	.64	.56	.25	.70	.47	1.20	.52	.81
75-79 years . . . . .	.47	.58	.52	.47	.56	.51	—	.79	.79
80-84 years . . . . .	.32	.46	.33	.32	.46	.33	—	—	—
85-89 years . . . . .	.04	—	.04	.04	—	.04	—	—	—
Total	1.33	1.12	1.23	1.01	.98	1.00	1.97	1.41	1.72

(See Tables 221 and 222 for detail)

decreases, the 45-49 year age group being the last to show an average of one year or over. From the age group 50 years onward, the averages are less than one year, while those of 70 years or over show averages of .51 years or less.

In the readmissions, the highest average lengths of stay are observed in the four groups from 15 to 34 years. The differences are somewhat smaller than in the first admissions but again we note a tendency to shorter hospital residence as the age at admission increases. These findings are of considerable significance as they show that the cases admitted in the younger age groups have a tendency to remain longer in hospital than cases admitted in the older age groups.

The males tend to show longer hospital residences than the females in both first and readmissions. This difference is rather small in first admissions but amounts to one half a year in the readmissions. First admissions of either sex are eventually discharged after remaining in hospital about the same length of time. However, males who return to hospital for further treatment will remain for a period which is about 40 per cent longer than the hospital stay of female readmissions.

Section D. Deaths in Mental Hospitals During the Year 1935

The following section is devoted to the presentation of certain facts in relation to patients dying in mental hospitals during the statistical year ended September 30, 1935.

NUMBER OF COURT CASES DYING IN MENTAL HOSPITALS, 1917-1935: PERCENTAGES

Table 61 presents the number of court deaths occurring in mental hospitals over the period 1917-1935, inclusive. The largest number of deaths, 1,952, occurred in 1919 which may be considered as due in part to the influenza epidemic of that year. The lowest number of deaths, 1,384, occurred in 1924. A slight increase in the number of deaths over the past few years is observed as compared with the number of deaths occurring ten years ago. In this connection it should be recalled that the number of cases under care in our hospitals is increasing each year, which of course, provides a larger number of cases in which death might occur.

In every year excepting 1926 the proportion of male deaths has exceeded that of the females. The greatest excess of male deaths is observed in the years 1918, 1919 and 1920, during which years they made up 56, 55, and 54 per cent of all deaths in our mental hospitals. Over the past few years it will be observed that there is a greater tendency for the sexes to preserve a balance.

TABLE 61. — *Number of Court Cases Dying in Mental Hospitals, 1917-1935: Percentages*

YEARS	COURT DEATHS			PERCENT		
	M.	F.	T.	M.	F.	T.
1917	877	828	1,705	51.4	48.6	100.0
1918	984	757	1,741	56.5	43.5	100.0
1919	1,079	873	1,952	55.3	44.7	100.0
1920	786	659	1,445	54.4	45.6	100.0
1921	718	714	1,432	50.1	49.9	100.0
1922	764	676	1,440	53.1	46.9	100.0
1923	738	722	1,460	50.5	49.5	100.0
1924	720	664	1,384	52.0	48.0	100.0
1925	791	702	1,493	53.0	47.0	100.0
1926	860	863	1,723	49.9	50.1	100.0
1927	906	894	1,800	50.3	49.7	100.0
1928	821	805	1,626	50.5	49.5	100.0
1929	861	809	1,670	51.6	48.4	100.0
1930	778	763	1,541	50.5	49.5	100.0
1931	882	754	1,636	53.9	46.1	100.0
1932	891	838	1,729	51.5	48.5	100.0
1933	842	812	1,654	50.9	49.1	100.0
1934	934	879	1,813	51.5	48.5	100.0
1935	937	905	1,842	50.9	49.1	100.0

FIRST AND READMISSIONS DYING IN MENTAL HOSPITALS, 1933-1935

Table 62 outlines the form of admission of first and readmissions dying over the years 1933-1935. The total deaths increased from 1,848 in 1933 to 2,037 in 1935. In the first admissions the court commitments show an upward trend, while the temporary care deaths are fewer. The observation deaths jumped from 41 to 62, and the voluntary deaths dropped from 55 to 42. In the first admissions there are fairly large numbers of deaths in admission forms other than court commitment. However, in the readmissions we note that there are very few deaths in the temporary and observation groups. On the contrary, the voluntary group shows a larger relative proportion of deaths in the readmissions than in the first admissions. In the aggregate of all groups the males outnumber the females. However, this is due to the fact that there are more males admitted and more males in the resident population.

TABLE 62. — *First and Readmissions Dying in Mental Hospitals¹, 1933-1935, by Form of Admission and Sex*

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1933	T.	1,848	1,399	1,232	71	41	55	449	422	4	5	18
	M.	960	747	641	46	31	29	213	201	2	4	6
	F.	888	652	591	25	10	26	236	221	2	1	12
1934	T.	2,001	1,557	1,413	64	34	46	444	415	7	9	13
	M.	1,069	842	743	46	24	29	227	205	6	7	9
	F.	932	715	670	18	10	17	217	210	1	2	4
1935	T.	2,037	1,538	1,367	67	62	42	499	475	4	2	18
	M.	1,056	827	720	48	36	23	229	217	3	2	7
	F.	981	711	647	19	26	19	270	258	1	-	11

¹Includes all state hospitals, Bridgewater, Tewksbury, McLean, Veterans' Administration Facilities Nos. 107 and 95.

Table 63 shows the division of all cases dying between 1933 and 1935 into first and readmissions. In 1933, 75 per cent of the deaths were first admissions. In 1934 these showed a rise of 77 per cent, dropping to 75 per cent again in 1935. It is interesting to observe how closely these figures cling to the proportions of admissions during the year which showed 77 per cent of first admissions and 23 per cent of readmissions. When we consider the resident population on September

TABLE 63. — *All First and Readmissions Dying, 1933-1935; Numbers and Percentages.*

YEARS	TOTAL		FIRST ADMISSIONS		READMISSIONS	
	No.	Percent	No.	Percent	No.	Percent
1933	1,848	100.0	1,399	75.7	449	24.3
1934	2,001	100.0	1,557	77.8	444	22.2
1935	2,037	100.0	1,538	75.5	499	24.5

30, 1935, the population from which these deaths are drawn, the observed figures are rather remarkable. The resident population at the end of the year showed 51 per cent of first admissions and 49 per cent of readmissions. From this 51 per cent of resident first admissions comes 75 per cent of the deaths. It is apparent that the first admissions are showing extremely high death rates in comparison with the readmissions.

DEATHS IN STATE HOSPITALS, 1935; NUMBERS AND PERCENTAGE

In Table 64 we observe that the psychoses with cerebral arteriosclerosis made up 37.9 per cent of all first admissions who died. The senile group is second in order with 14.5 per cent. Dementia praecox is in third position with 9.2 per cent. Among the readmitted deaths, dementia praecox comes first with 40.7 per cent of all deaths, the manic-depressive psychoses second with 14.1 per cent, the arteriosclerotic group third with 8.4 per cent, and the alcoholic psychoses fourth with 6.6 per cent.

The three groups which are the most important numerically show the following percentages throughout the various forms of admission included under first admissions: psychoses with cerebral arteriosclerosis make up 39.0 per cent of the court deaths; 43.3 per cent of the temporary care deaths; and 33.9 per cent of the observation deaths. The senile group make up 15.1 per cent of the court deaths; 7.5 per cent of temporary care deaths; 17.7 per cent of the observation deaths; and 2.4 per cent of the voluntary deaths. Dementia praecox is in third position, making up 10.3 per cent of the court deaths; and 1.6 per cent of the observation cases who died. The psychoses with cerebral arteriosclerosis show the largest percentages of deaths occurring in each of the legal forms, court, temporary care and observation. Among the voluntary cases, those without psychoses and the psychoses with convulsive disorders were the only psychotic groups containing large numbers of deaths during the year.

In the readmissions we see that the four most important psychoses are dementia praecox, 40.7 per cent; manic-depressive psychoses, 14.1 per cent; psychoses with cerebral arteriosclerosis, 8.4 per cent; and the alcoholic psychoses, 6.6 per cent. Dementia praecox cases made up 42.7 per cent of all court admissions who died. Cases with manic-depressive psychoses made up 14.8 per cent of court deaths. The cerebral arteriosclerosis group made up 8.4 per cent of court admissions who died, and 50 per cent of temporary admissions who died. The alcoholic psychoses made up 6.5 per cent of the court deaths, and 100 per cent of the observation cases who died. Among the voluntary cases, the highest percentages of deaths occur in the without psychoses group, 72.2 per cent and in the psychoses with convulsive disorders, 27.8 per cent.

DEATH RATES PER THOUSAND, ALL FIRST AND READMISSIONS UNDER TREATMENT, 1935, BY PSYCHOSES AND AGE

In Table 65 we record the death rates of the various psychoses under treatment during 1935 divided into first and readmissions. The total death rate for all first admissions under treatment was 90. This figure is nearly three times the rate of 37 observed in the readmissions. In this table the death rates for the various psychoses are presented in order, the psychoses showing the higher death rates being recorded in the higher positions. In the first admissions the psychoses with epidemic encephalitis show the low death rate of 13 cases dying per thousand

TABLE 64. — All Deaths in State Hospitals, 1935, by Form of Admission and Mental Disorders: Numbers and Percentages

MENTAL DISORDERS	FIRST ADMISSIONS						READMISSIONS					
	Total		Court		Temporary Care		Observation		Voluntary		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis	120	7.8	114	8.3	3	4.5	3	4.8	—	—	32	6.4
With other forms of syphilis	11	.7	11	.8	—	—	—	—	—	—	2	.4
With epidemic encephalitis	1	.1	1	.1	—	—	—	—	—	—	2	.4
With other infectious diseases	11	.7	6	.4	5	7.5	—	—	—	—	—	—
Alcoholic psychoses	76	4.9	63	4.6	8	11.9	5	8.1	—	—	33	6.6
Due to drugs, etc.	1	.1	1	.1	—	—	—	—	—	—	1	.2
Traumatic psychoses	3	.2	3	.2	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	583	37.9	533	39.0	29	43.3	21	33.9	—	—	42	8.4
With other disturbances of circulation	29	1.9	18	1.3	5	7.5	6	9.8	—	—	1	.2
With convulsive disorders (epilepsy)	44	2.9	28	2.0	—	—	1	1.6	15	35.7	21	4.2
Senile psychoses	223	14.5	206	15.1	5	7.5	11	17.7	1	2.4	18	3.6
Involuntary psychoses	38	2.5	37	2.7	—	—	1	1.6	—	—	4	.8
Due to other metabolic diseases, etc.	49	3.2	37	2.7	4	5.9	8	12.9	—	—	3	.6
Due to new growth	5	.3	5	.4	—	—	—	—	—	—	1	.2
With organic changes of nervous system	33	2.1	31	2.3	—	—	2	3.2	—	—	5	1.0
Psychoneuroses	5	.3	4	.3	—	—	—	—	1	2.4	1	.2
Manic-depressive psychoses	62	4.0	56	4.1	4	5.9	2	3.2	—	—	70	14.1
Dementia praecox	142	9.2	141	10.3	—	—	1	1.6	—	—	203	40.7
Paranoia and paranoid conditions	14	.9	14	1.0	—	—	—	—	—	—	8	1.7
With psychopathic personality	4	.3	4	.3	—	—	—	—	—	—	1	.2
With mental deficiency	23	1.5	23	1.7	—	—	—	—	—	—	30	6.0
Undiagnosed psychoses	3	.2	1	.1	2	3.0	—	—	—	—	—	—
Without psychoses	58	3.8	30	2.2	2	3.0	1	1.6	25	59.5	21	4.2
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	8	1.7
Total	1,538	100.0	1,367	100.0	67	100.0	62	100.0	42	100.0	499	100.0
											475	100.0
											2	100.0
											4	100.0
											18	100.0

(See Table 223 for detail)

of the same psychosis under treatment during 1935. The psychoneuroses are second with a rate of 16 and with psychopathic personality third with a death rate of 22. It may be noted here that the low death rate of 26 for dementia praecox in combination with the low discharge rate observed in Tables 53 and 54 explains why we may expect cases of this psychosis to accumulate in our resident population. The manic-depressive psychoses also show a low death rate of 46. The highest death rates are observed in psychoses with other disturbances of circulation; due to new growth; psychoses with cerebral arteriosclerosis and other metabolic diseases with rates of 397, 385, 339 and 310, respectively. Among the readmissions, the psychoses with psychopathic personality show the low death rate of 8 per thousand cases under treatment of the same diagnosis. The psychoneuroses are second with a rate of 9, and involuntional psychoses third with a rate of 25. Among the readmissions, the psychoses due to new growth show the highest death rate of 200 per thousand under treatment. The psychoses with cerebral arteriosclerosis are second with a rate of 183; senile psychoses third with 164; and other disturbances of circulation fourth with 143.

TABLE 65. — *Death Rates per 1,000 Under Treatment, All First and Readmissions Dying, 1935, by Mental Disorders*

FIRST ADMISSIONS	Death Rate per 1,000	READMISSIONS	Death Rate per 1,000
With other disturbances of circulation	397.	Due to new growth	200.
Due to new growth	385.	With cerebral arteriosclerosis	183.
With cerebral arteriosclerosis	339.	Senile psychoses	164.
Due to other metabolic diseases, etc.	310.	With other disturbances of circulation	143.
Senile psychoses	276.	With syphilitic meningo-encephalitis	93.
With other infectious diseases	268.	Due to other metabolic diseases, etc.	88.
With syphilitic meningo-encephalitis	178.	Due to drugs, etc.	63.
With organic changes of nervous system	169.	With organic changes of nervous system	63.
With other forms of syphilis	107.	With convulsive disorders (epilepsy)	52.
Involuntional psychoses	81.	With epidemic encephalitis	49.
With convulsive disorders (epilepsy)	63.	Manic-depressive psychoses	49.
Alcoholic psychoses	61.	Alcoholic psychoses	44.
Traumatic psychoses	46.	With other forms of syphilis	38.
Manic-depressive psychoses	46.	With mental deficiency	32.
Paranoia and paranoid conditions	33.	Paranoia and paranoid conditions	30.
Dementia praecox	26.	Dementia praecox	26.
With mental deficiency	24.	Involuntional psychoses	25.
Due to drugs, etc.	23.	Psychoneuroses	9.
With psychopathic personality	22.	With psychopathic personality	8.
Psychoneuroses	16.	With other infectious diseases	—
With epidemic encephalitis	13.	Traumatic psychoses	—
Undiagnosed psychoses	21.	Undiagnosed psychoses	—
Without psychoses	36.	Without psychoses	38.
Primary behavior disorders	—	Primary behavior disorders	—
Total	90.	Total	37.

NOTE: — In contrast with other tables in this section, the present table includes rates on ALL deaths during 1935 and not on court deaths only.

Death rate, General Population of Massachusetts, 1935, 11.6 per thousand population.

The death rate for the general population of Massachusetts for 1935 was 11.6 per thousand. We observe that our death rate of 90 for first admissions is nearly eight times as high as that of the general population. The death rate of 37 among the readmissions is over three times that of the rate for the general population. Two outstanding points are evident in this table; first, the tremendously high death rate in mental diseases and, second, the fact that death rates in first admissions are higher than in readmissions in nearly every psychosis, irrespective of the age distributions involved.

Table 66 presents the death rates in the psychoses by age for both first and readmissions. As the death rates for the psychoses outlined in Table 65 might be influenced by a preponderance of young patients with low death rates or older patients with high death rates in certain of the psychoses, we are presenting the detail of each psychosis by age. In the psychoses, cases under treatment in each age group are compared with the number dying within the same age group. This

TABLE 66. — *Death Rates per 1,000 Under Treatment, All First and Readmissions Dying, 1935, by Present Age, Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With other disturbances of circulation:															
First admissions	405	389	397	—	—	—	1,000	1,000	1,000	500	—	333	500	333	357
Readmissions	—	250	143	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth:															
First admissions	556	—	385	1,000	—	1,000	—	—	—	1,000	—	500	—	—	—
Readmissions	—	—	200	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis:															
First admissions	354	322	339	—	—	—	—	—	—	—	—	333	143	250	182
Readmissions	145	223	183	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.:															
First admissions	322	303	310	—	500	500	—	111	77	222	304	281	231	467	357
Readmissions	—	130	88	—	—	—	—	500	200	—	250	250	—	—	—
Senile psychoses:															
First admissions	235	301	276	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	105	194	164	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases:															
First admissions	381	150	268	—	500	333	—	167	143	375	333	364	400	—	182
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With syphilitic meningo-encephalitis:															
First admissions	176	184	178	—	—	—	214	167	200	94	77	90	159	300	191
Readmissions	102	40	93	—	—	—	—	—	—	133	—	119	84	111	119
With organic changes of nervous system:															
First admissions	150	200	169	—	143	67	—	—	—	211	429	269	148	188	163
Readmissions	47	81	63	—	—	—	—	—	—	—	167	100	118	—	71
With other forms of syphilis:															
First admissions	92	148	107	—	—	—	—	—	—	—	—	—	67	200	86
Readmissions	53	—	38	—	—	—	—	—	—	—	—	—	67	—	56
Involuntional psychoses:															
First admissions	98	72	81	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	53	10	25	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy):															
First admissions	52	73	63	—	40	21	62	70	65	58	76	67	56	64	61
Readmissions	49	56	52	—	—	—	44	133	79	38	—	23	31	—	20
Alcoholic psychoses:															
First admissions	58	83	61	—	—	—	25	—	22	29	120	40	50	100	57
Readmissions	40	66	44	—	—	—	—	—	—	—	—	—	23	40	26
Traumatic psychoses:															
First admissions	56	—	46	—	—	—	111	—	100	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses:															
First admissions	63	33	46	—	—	—	33	17	24	44	20	29	35	26	29
Readmissions	45	51	49	—	—	—	—	16	9	24	15	18	8	41	28

TABLE 66. — *Death Rates per 1,000 Under Treatment¹, All First and Readmissions Dying, 1935, by Present Age, Mental Disorders and Sex*

MENTAL DISORDERS	50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With other disturbances of circulation:															
First admissions	375	333	357	294	455	357	500	250	400	1,000	1,000	1,000	—	—	—
Readmissions	—	—	—	—	1,000	1,000	—	—	—	—	—	—	—	—	—
Due to new growth:															
First admissions	500	—	400	1,000	—	500	—	—	—	—	—	—	—	—	—
Readmissions	500	—	333	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis:															
First admissions	164	188	174	319	251	287	379	341	362	539	530	535	750	400	556
Readmissions	167	353	276	87	177	125	180	222	200	286	273	278	—	—	—
Due to other metabolic diseases, etc.:															
First admissions	263	280	273	667	333	455	1,000	—	200	—	—	—	—	—	—
Readmissions	—	167	111	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses:															
First admissions	—	250	44	421	175	216	222	281	260	374	392	385	250	550	464
Readmissions	—	—	—	—	118	74	56	243	182	429	231	300	—	—	—
With other infectious diseases:															
First admissions	750	—	500	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With syphilitic meningo-encephalitis:															
First admissions	290	186	260	172	167	171	214	—	158	—	—	—	—	—	—
Readmissions	130	—	111	53	—	37	—	—	—	—	—	—	—	—	—
With organic changes of nervous system:															
First admissions	111	154	132	316	111	250	143	600	333	—	—	—	—	—	—
Readmissions	—	222	111	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis:															
First admissions	67	200	120	222	—	182	—	500	167	—	—	—	—	—	—
Readmissions	143	—	83	—	—	—	—	—	—	—	—	—	—	—	—
Involuntional psychoses:															
First admissions	72	88	82	241	88	134	100	63	77	—	—	—	—	—	—
Readmissions	48	70	63	74	—	33	333	—	67	—	200	200	—	—	—
With convulsive disorders (epilepsy):															
First admissions	—	64	36	111	118	114	—	67	40	—	500	500	—	—	—
Readmissions	70	46	58	36	65	60	91	214	160	1,000	500	667	—	—	—
Alcoholic psychoses:															
First admissions	53	81	56	108	57	101	39	—	34	100	333	154	—	—	—
Readmissions	11	—	9	53	108	64	113	177	124	286	1,000	375	—	—	—
Traumatic psychoses:															
First admissions	—	—	—	133	—	118	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses:															
First admissions	82	60	70	172	60	106	69	26	44	333	—	200	—	—	—
Readmissions	54	46	49	74	72	73	140	96	113	—	250	192	—	—	—

[illegible]

†Cases under treatment include the resident population on September 30, 1935 plus all discharges and all deaths during the year 1935.

gives us a death rate based not only upon psychosis, but on age as well. It also enables us to test whether or not dementia praecox cases aged 20-29 years, for example, will have a greater or lesser chance of death than cases aged 40-49 years. Let us now inspect the various age groups and determine the psychoses showing the highest and lowest death rates in each.

In the age group 0-19 years, dementia praecox shows the lowest rate of 7 among the first admissions, while psychoses due to new growth show the highest rate of 1,000 deaths per thousand of the same psychosis under treatment. In the age group 20-29 years psychoses with mental deficiency show the lowest rate of 11, while the psychoses with other disturbances of circulation show the highest rate of 1,000. The next age group 30-39 years, shows dementia praecox with the low rate of 18, and the psychoses due to new growth show the highest rate of 500 deaths per thousand under treatment of the same psychosis. In the 40-49 year age group, dementia praecox shows the lowest rate of 11 and other disturbances of circulation and other metabolic diseases, the highest rate of 357 each. In the group 50-59 years, paranoia shows the lowest death rate with 7 deaths per thousand under treatment, while the high rate of 500 is evident in the psychoses with other infectious diseases. In the age group 60-69 years, mental deficiency presents the lowest rate of 18 and the psychoses due to new growth presents the high rate of 500. In the age group 70-79 years, we find the lowest rate of 34 in the alcoholic psychoses, while the high rate of 400 occurs in the psychoses with other disturbances of circulation. The age group 80-89 years shows the low rate among paranoid cases with 125 deaths per thousand under treatment. The highest rate of 1,000 occurs in the psychoses with other disturbances of circulation.

Reviewing the total line at the bottom of Table 66 we observe that the age group 20-29 years shows the lowest rate among the first admissions of 27 deaths per thousand cases under treatment. The 0-19 year age group and the 30-39 year age group both show rates of 35. The 40-49 year group shows a rate of 41; the 50-59 year group a rate of 69; the 60-69 year group a rate of 146; the 70-79 year group a rate of 242; the group 80-89 years a rate of 421; and the group 90 years and over a rate of 490. Consulting the total line for the readmissions we observe lower death rates in all but the first age group. The 0-19 year group shows a rate of 48; the 20-29 year group a rate of 20; the 30-39 year group a rate of 19; the 40-49 year group a rate of 21; the 50-59 year group a rate of 29; the 60-69 year group a rate of 45; the 70-79 year group a rate of 128; the group 80-89 years a rate of 185; and the group 90 years and over a rate of 111.

The total column for the first admissions presents a death rate for the males and females of 90 each. The death rates are higher for the males in every age group except the 0-19 and the 90 years and over groups. However, the differences in the younger age groups are of no great consequence, the excess of males not being particularly noticeable until we arrive at the age group 50-59 years. From this point on the males show much higher rates than the females. The readmissions show a death rate of 37 per thousand under treatment, a rate of 33 for the males and 41 for the females. The rate for the females in this group is 24 per cent higher than that of the males. The various age groups present considerable variation without any particular consistency for the sexes. The males show higher death rates in the age groups 20-29 years, 30-39 years, 50-59 years and 80-89 years. The females show higher death rates in the age groups 0-19 years, 40-49 years, 60-69 years, 70-79 years and 90 years and over.

THE INFLUENCE OF ECONOMIC STATUS ON THE DEATH RATE

Table 67 measures the influence of the economic condition of court first and readmissions upon the death rate. For example, in 1935 we had 5,102 cases of dependent economic status under treatment in mental hospitals. All of these cases were subject to the chance of dying but only 485 of them did die. This constitutes a death rate of 95 per thousand under treatment. The same method is used in calculating the death rates in each of the other economic status groups.

Among the first admissions dying during 1935, we note a death rate in the dependent group of 120 cases per one thousand under treatment. The death rate for the marginal group was 79, and for the comfortable group, 81. Among

the readmissions dying during 1935, the death rate for the dependent group was 48; for the marginal group, 35; and for the comfortable group, 31. For first and readmissions considered together, the death rate for the dependent was 95; for the marginal group, 57, and for the comfortable, 60. In both first and readmissions, the dependent group shows much higher death rates than those of marginal and comfortable status. Among the first admissions, the marginal group shows the lowest death rate. Among the readmissions, the comfortable group shows the lowest death rate. These figures are in marked contrast with the discharge rates which showed their highest rate in the comfortable group in both first admissions and readmissions.

TABLE 67. — *Economic Status of Court First and Readmissions who Died, 1935, by Sex; Death Rates per 1,000 Under Treatment*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under treatment . . .	2,897	2,205	5,102	1,884	1,412	3,296	1,013	793	1,806
Deaths	257	228	485	220	178	398	37	50	87
Rate per 1,000 . . .	88.7	103.4	95.0	116.7	126.0	120.7	36.5	63.0	48.1
Marginal:									
Under treatment . . .	10,587	9,876	20,463	5,447	4,827	10,274	5,140	5,049	10,189
Deaths	601	577	1,178	428	385	813	173	192	365
Rate per 1,000 . . .	56.7	58.4	57.5	78.5	79.7	79.1	33.6	38.0	35.8
Comfortable:									
Under treatment . . .	549	851	1,400	329	493	822	220	358	578
Deaths	44	41	85	39	28	67	5	13	18
Rate per 1,000 . . .	80.1	48.1	60.7	118.5	56.7	81.5	22.7	36.3	31.1
Unknown:									
Under treatment . . .	225	266	491	159	206	365	66	60	126
Deaths	35	59	94	33	56	89	2	3	5
Rate per 1,000 . . .	155.5	221.8	191.4	207.5	271.8	243.8	30.3	50.0	39.6
Total:									
Under treatment . . .	14,258	13,198	27,456	7,819	6,938	14,757	6,439	6,260	12,699
Deaths	937	905	1,842	720	647	1,367	217	258	475
Rate per 1,000 . . .	65.7	68.5	67.0	92.0	93.2	92.6	33.7	41.2	37.4

Death Rate, General Population of Massachusetts, 1935, 11.6 per thousand population.

In the first admissions, the dependent group shows a higher rate for the females, 126, than for the males, 116. In the marginal group the females again show the higher rate of 79 as against 78 for the males. In the comfortable group, the males show a decidedly higher death rate of 118 as against the rate of 56 for the females. Readmissions who were dependent show a death rate of 36 for the males and 63 for the females. The marginal show a rate of 33 for the males and 38 for the females. The males of the comfortable group show a death rate of 22 as against a slightly higher rate of 36 for the females. On the whole, the death rates for the sexes do not vary greatly in either the dependent or marginal groups. However, in the comfortable group, the death rate among the males is over 50 per cent higher than that of the females in the first admissions.

MARITAL STATUS OF COURT FIRST AND READMISSIONS WHO DIED, 1935; DEATH RATES PER 1,000 UNDER TREATMENT

Table 68 outlines the death rates in the various marital status groups of court first and readmissions who died in hospitals during the year 1935. The total of all marital groups in first admissions shows a rate of 92 deaths per thousand under treatment. The single have the low death rate of 54. The married are next in order with a death rate of 97. The divorced present a death rate of 126 and the separated a rate of 111. The widowed group presents the highest death rate of all, that of 241 deaths per thousand under treatment. The marked differences between the rates for the single and the widowed may be accounted for partially by the difference in age distribution. However, the ages of the married, the divorced and the separated are practically the same. In these three groups we

observe that the divorced and the separated who develop mental disease are greater risks from the viewpoint of death than the married who develop mental disease.

TABLE 68. — *Marital Status of Court First and Readmissions who Died, 1935, by Sex: Death Rates per 1,000 Under Treatment*

MARITAL STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under treatment . . .	8,910	6,351	15,261	4,527	3,228	7,755	4,383	3,123	7,506
Deaths	348	297	645	233	192	425	115	105	220
Rate per 1,000 . . .	39.0	46.7	42.2	51.4	59.4	54.8	26.2	33.6	29.3
Married:									
Under treatment . . .	3,950	4,687	8,637	2,348	2,387	4,735	1,602	2,300	3,902
Deaths	358	266	624	286	178	464	72	88	160
Rate per 1,000 . . .	90.6	56.7	72.2	121.8	74.5	97.9	44.9	38.2	41.0
Widowed:									
Under treatment . . .	867	1,643	2,510	633	1,092	1,725	234	551	785
Deaths	184	304	488	163	253	416	21	51	72
Rate per 1,000 . . .	212.2	185.0	194.4	257.5	231.6	241.1	89.7	92.5	91.7
Divorced:									
Under treatment . . .	302	306	608	175	134	309	127	172	299
Deaths	26	24	50	22	17	39	4	7	11
Rate per 1,000 . . .	86.0	78.4	82.2	125.7	126.8	126.2	31.4	40.6	36.7
Separated:									
Under treatment . . .	179	197	376	102	87	189	77	110	187
Deaths	18	14	32	14	7	21	4	7	11
Rate per 1,000 . . .	100.5	71.0	85.1	137.2	80.4	111.1	51.9	63.6	58.8
Unknown:									
Under treatment . . .	50	14	64	34	10	44	16	4	20
Deaths	3	—	3	2	—	2	1	—	1
Rate per 1,000 . . .	60.0	—	46.8	58.8	—	45.4	62.5	—	50.0
Total:									
Under treatment . . .	14,258	13,198	27,456	7,819	6,938	14,757	6,439	6,260	12,699
Deaths	937	905	1,842	720	647	1,367	217	258	475
Rate per 1,000 . . .	65.7	68.5	67.0	92.0	93.2	92.6	33.7	41.2	37.4

In the readmissions the total for all marital groups reveals a death rate of 37 per thousand cases under treatment. The single again show the lowest rate of 29. The divorced are next in order with a rate of 36; the married third with a rate of 41; the separated next with a rate of 58; and the widowed again show the highest death rate of 91.

Interesting variations in the sexes are observed in both the first and the readmissions. Among the first admissions the males show higher death rates in the married, widowed and separated groups. In the readmissions the males show higher death rates in the married group only. In the single, widowed, divorced and separated the females show higher death rates. Whatever effect marital status exerts, it appears to have the greater influence in first admissions. We observe some marked variations in the death rates for the various marital status groups in the first admissions. In the readmissions, while the rates show some variation, the departures from the mean are less significant.

NATIVITY OF COURT FIRST AND READMISSIONS DYING, 1935: RATES PER 1,000 UNDER TREATMENT

Table 69 presents the death rates of first and readmissions dying during 1935 by country of birth. Among the first admissions the total rate for all groups is 92.6 deaths per thousand patients under treatment. Germany presents the highest rate of 203.0 deaths per thousand natives of Germany who were under treatment during the year. Ireland is second with a rate of 145.5. England and Canada are next with rates of 132.2 and 131.3, respectively. The low death rate of 13.5 is observed in patients coming from Greece, with Austria next in order showing a rate of 21.5. Poland also presents a comparatively low rate of 28.3. Patients born in the United States present the largest number of deaths

and their death rate of 84 is intermediate between the two extremes as noted.

Among the readmissions the total rate for all groups is 37 deaths per thousand under treatment. The natives of England present the high death rate of 122.4. Sweden and Ireland are next in order with rates of 82.2 and 56.0, respectively. The low death rates are observed in natives of Poland, Finland and Greece with rates of 6.9, 11.2 and 16.1, respectively. In the readmissions also the natives of the United States present the largest numbers of deaths but show an intermediate death rate of 34.6.

TABLE 69. — *Country of Birth of Court First and Readmissions Dying during 1935, by Sex: Death Rates per 1,000 Under Treatment*

COUNTRY OF BIRTH	FIRST ADMISSIONS			READMISSIONS		
	Total Under Treatment	Total Deaths	Rate per 1,000	Total Under Treatment	Total Deaths	Rate per 1,000
Germany	133	27	203.0	99	4	40.4
Ireland	1,154	168	145.5	1,053	59	56.0
England	363	48	132.2	147	18	122.4
Canada ¹	1,180	155	131.3	891	36	40.4
Portugal	157	14	89.1	104	3	28.8
Italy	541	48	88.7	382	14	36.6
United States	9,439	795	84.2	8,231	285	34.6
Scotland	97	7	72.1	72	2	27.7
Sweden	165	11	66.6	158	13	82.2
Finland	93	6	64.5	178	2	11.2
Russia	336	20	59.5	528	14	26.5
Poland	388	11	28.3	288*	2	6.9
Austria	93	2	21.5	94	2	21.2
Greece	74	1	13.5	62	1	16.1
All Other Countries	544	54	99.2	412	20	48.5
Total	14,757	1,367	92.6	12,699	475	37.4

(See Table 237 for detail)

¹Includes Newfoundland.

DEATH RATES, 1935, BY NUMBER OF THIS ADMISSION

Table 70 presents the death rates of *all* first and readmissions dying during 1935 in accordance with the number of the present admission. In the total line we note a death rate of 90 per thousand under treatment in the first admissions and a death rate of 36 in the readmissions. (The difference in death rates between this table and the three preceding tables is due to the fact that Table 70 considers all first and readmissions dying while the other considered court cases only.) The sexes show practically the same rates in first admissions, but in the readmissions the females, 40.9, show a rate which is eight points higher than that of the males, 32.9.

In the readmissions the low death rates are observed in those patients having a sixth, seventh and ninth admissions, 27, 25, and 17, respectively. The high rates are found in those having a second, fifth or eighth admission, 41, 44, and 42, respectively. It is interesting to note that the females present higher death rates in those having a second, third, fourth, eighth or ninth admission. The males present the higher death rates in those having a fifth, sixth, seventh and tenth admission or over. In general, the death rates seem to be quite regular in the readmissions, with no definite trend. The chief point here is the tremendously high death rate in first admissions as contrasted with the readmissions.

AVERAGE LENGTH OF HOSPITAL STAY OF PATIENTS DYING, 1935, BY PSYCHOSES

Table 71 shows the length of hospital stay of deaths during 1935, by mental disorders. To a certain extent these averages measures the cases presenting rather severe physical conditions superimposed upon their mental disorder. In this connection we note that among the first admissions the psychoneuroses are third in order as presenting a short hospital residence previous to death. It is easy to understand this factor of serious physical disturbance in connection with

TABLE 70. — *Death Rates of ALL First and Readmissions Under Treatment in Mental Hospitals, 1935, by Number of This Admission and Sex*

NUMBER OF THIS ADMISSION	CASES UNDER TREATMENT						DEATHS						RATE PER 1,000					
	First Admissions			Readmissions			First Admissions			Readmissions			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First	9,154	7,864	17,018	—	—	—	827	711	1,538	118	145	263	90.3	90.4	90.4	—	—	—
Second	—	—	—	3,300	2,988	6,288	—	—	—	50	70	120	—	—	—	35.8	48.5	41.8
Third	—	—	—	2,040	1,942	3,982	—	—	—	28	32	60	—	—	—	24.5	36.0	30.1
Fourth	—	—	—	874	869	1,743	—	—	—	22	11	33	—	—	—	32.0	36.8	34.4
Fifth	—	—	—	355	393	748	—	—	—	5	4	9	—	—	—	62.0	28.0	44.1
Sixth	—	—	—	159	172	331	—	—	—	3	2	5	—	—	—	31.4	23.3	27.2
Seventh	—	—	—	105	94	199	—	—	—	1	3	4	—	—	—	28.6	21.3	25.1
Eighth	—	—	—	43	52	95	—	—	—	—	—	—	—	—	—	23.3	57.7	42.1
Ninth	—	—	—	25	32	57	—	—	—	2	2	4	—	—	—	—	31.3	17.5
Tenth or over	—	—	—	50	54	104	—	—	—	—	—	—	—	—	—	40.0	37.0	38.5
Total	9,154	7,864	17,018	6,951	6,596	13,547	827	711	1,538	229	270	499	90.3	90.4	90.4	32.9	40.9	36.8

TABLE 71. — *Average Length of Hospital Stay during THIS Admission, Regular Court First and Readmissions Dying, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	AVERAGE HOSPITAL STAY IN YEARS											
	Total — All Discharges			First Admissions			Position	Readmissions			Position	
	M.	F.	T.	M.	F.	T.		M.	F.	T.		
Undiagnosed psychoses	—	.04	.04	—	.04	.04	1	—	.04	—	—	2
Due to new growth	.55	—	.55	.65	—	.65	2	2.50	—	—	.04	4
Psychoneuroses	1.40	.66	1.10	.85	.66	.75	3	—	—	2.50	2.50	5
Due to other metabolic diseases, etc.	.58	1.25	1.01	.58	1.08	.89	4	—	2.52	—	2.52	20
With other disturbances of circulation	1.61	2.89	2.35	1.61	.92	1.23	5	2.35	22.50	22.50	3.56	6
With cerebral arteriosclerosis	1.12	1.83	1.45	1.05	1.58	1.29	6	.04	4.38	—	.04	1
With psychopathic personality	1.35	—	1.35	1.67	—	1.67	7	3.85	—	—	3.67	7
With syphilitic meningo-encephalitis	2.32	1.81	2.21	1.79	1.86	1.81	8	—	1.00	—	—	—
With other infectious diseases	4.19	.09	2.14	4.19	.09	2.14	9	7.50	6.13	6.44	12	
Senile psychoses	2.51	2.80	2.71	2.19	2.47	2.38	10	7.50	—	7.50	7.50	13
With other forms of syphilis	1.37	7.13	3.29	.50	7.13	2.91	11	12.50	12.50	12.50	16	
Involuntional psychoses	4.73	3.86	4.24	3.18	3.46	3.35	12	3.85	5.83	5.04	10	
With organic changes of nervous system	4.38	3.36	4.24	4.44	2.86	3.68	13	6.20	6.20	6.20	11	
Manic-depressive psychoses	4.67	5.57	5.16	3.52	4.33	3.85	14	—	—	—	—	17
Traumatic psychoses	5.16	—	5.16	5.16	—	5.16	15	10.27	18.92	14.25	17	
With convulsive disorders (epilepsy)	8.29	10.16	9.39	5.97	6.93	6.62	16	14.29	16.61	14.96	18	
Alcoholic psychoses	8.19	10.84	8.69	6.90	5.06	6.64	17	7.50	2.50	5.00	9	
With epidemic encephalitis	7.50	7.50	5.83	7.50	—	7.50	18	—	4.92	4.92	4.92	8
Paranoia and paranoid condition	10.16	7.55	7.90	10.16	9.45	9.61	19	13.57	6.53	9.81	14	
With mental deficiency	13.26	6.82	10.10	12.81	7.29	10.41	20	10.26	17.50	11.16	15	
Without psychoses	11.70	14.62	12.31	12.13	14.21	12.62	21	14.06	17.12	15.92	19	
Dementia praecox	14.47	15.24	14.91	14.96	12.08	13.47	22	2.50	—	2.50	3	
Due to drugs, etc.	2.50	17.50	10.00	—	17.50	17.50	23	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	5.36	6.09	5.72	3.92	3.75	3.84	—	10.12	11.95	11.12	—	—

four of the first six mental disorders, namely; psychoses due to new growth, due to other metabolic diseases, with other disturbances of circulation, and with cerebral arteriosclerosis. However, the place of this factor is less clear in the case of the remaining two mental disorders, undiagnosed psychoses and the psycho-neuroses. The four psychoses showing a long hospital residence preceding death are; with mental deficiency, 10.4 years; without psychoses, 12.6 years; dementia praecox, 13.4 years; and psychoses due to drugs, 17.5 years.

We note that the male first admissions, with a hospital residence of 3.9 years, remained longer in the hospital previous to death than did the females, with 3.7 years. However, in the readmissions this is reversed, the males showing a hospital stay preceding death of 10.1 years and the females a residence of 11.9 years. In general, this table checks with the preceding tables which show a very high death rate for the first admissions as compared with the readmissions. The higher death rate for first admissions would almost predict a shorter length of hospital stay for these cases. We see that this is the case, as this table shows the first admissions with an average stay of 3.8 years, and a stay of 11.1 years for the readmissions.

AVERAGE LENGTH OF HOSPITAL STAY, FIRST AND READMISSIONS DYING, 1928-1935, INCLUSIVE

Table 72 shows the length of hospital stay during the present admission of court cases dying during each year, 1928 to 1935, inclusive. In 1928 the average length of stay of deaths was 4.7 years. This rose to 5.7 years in 1935, an increase of 1.0 years. The first impulse, of course, is to credit this increase to improvements in the medical and general care of patients. The figures are divided into first and readmissions from 1933 onward. Here we note a tremendous difference in the length of stay of first admissions, averaging something over three years, as compared with the readmissions, averaging about eleven years. The first admissions who die have a hospital stay preceding death which is only about one-third that of the readmissions. While the period covered is too short for serious consideration, we observe a slight tendency for the first admissions to increase the length of stay, and for the readmissions to show a shorter hospital residence as time goes on. In the first admissions the males tend to show the longer hospital residence preceding death, while in the readmissions, the females demonstrate the longer hospital stay.

TABLE 72. — *Length of Hospital Stay during THIS Admission, Court Cases Dying, 1928-1935, by Year and Sex: Averages*¹

YEARS	AVERAGE LENGTH OF HOSPITAL STAY IN YEARS								
	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928	4.4	5.0	4.7	—	—	—	—	—	—
1929	5.1	5.1	5.1	—	—	—	—	—	—
1930	5.4	5.4	5.4	—	—	—	—	—	—
1931	5.3	5.3	5.3	—	—	—	—	—	—
1932	5.5	6.3	5.9	—	—	—	—	—	—
1933	5.5	5.8	5.7	3.8	3.5	3.6	11.2	12.0	11.6
1934	5.2	5.3	5.3	3.6	3.4	3.5	10.6	10.8	10.7
1935	5.3	6.0	5.7	3.9	3.7	3.8	10.1	11.9	11.1

¹Includes Bridgewater, Tewksbury, McLean and Veterans' Administration Facilities Nos. 107 and 95.

AVERAGE LENGTH OF HOSPITAL STAY OF PATIENTS DYING, 1935, BY PSYCHOSES AND STATUS OF ADMISSION

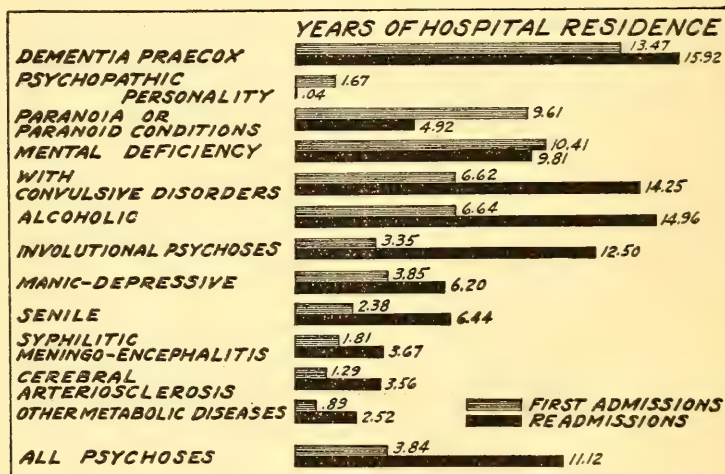
Table 73 and Graph 5 present interesting data on the length of time that patients with the various psychoses had survived in the hospitals previous to death both for first admissions and readmissions. The first admissions died after a residence of 3.84 years; 3.92 years for the males and 3.75 years for the females. The readmissions dying survived for a period of 11.12 years during their last admission;

TABLE 73. — *Average Length of Hospital Stay During the Present Admission and Previous Admissions, Court First and Readmissions Dying, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	FIRST ADMISSIONS			THIS ADMISSION			PREVIOUS ADMISSIONS			ALL ADMISSIONS		
	This Admission			This Admission			Previous Admissions			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Undiagnosed psychoses . . . . .	.04	.04	.04	.04	—	—	—	—	—	—	—	—
Due to new growth . . . . .	.65	—	.65	2.50	—	—	4.46	—	—	4.50	—	4.50
Psychoneuroses . . . . .	.85	.66	.75	2.50	—	2.50	15.50	—	15.50	17.50	—	17.50
Due to other metabolic diseases, etc. . . . .	.58	1.08	.89	—	2.52	2.52	—	1.88	1.88	—	4.40	4.40
With other disturbances of circulation	1.61	1.92	1.23	—	22.50	22.50	—	5.00	5.00	—	27.50	27.50
With cerebral arteriosclerosis	1.05	1.58	1.29	2.35	4.38	3.56	34	.84	.64	2.69	5.22	4.20
With psychopathic personality	1.67	—	1.67	.04	—	.04	4.46	—	—	4.50	—	4.50
With syphilitic meningo-encephalitis	1.79	1.86	1.81	3.85	1.00	3.67	1.06	.16	1.00	4.91	1.16	4.67
With other infectious diseases	4.19	.09	2.14	—	—	—	—	—	—	—	—	—
Senile psychoses	2.19	2.47	2.38	7.50	6.13	6.44	1.41	3.42	2.96	8.91	9.55	9.40
With other forms of syphilis . . . . .	.50	7.13	2.91	7.50	—	7.50	—	—	—	7.50	—	7.50
Involuntary psychoses	3.18	3.46	3.35	12.50	12.50	12.50	3.33	5.00	3.75	15.83	17.50	16.25
With organic changes of nervous system	4.44	2.86	3.68	3.85	5.83	5.04	.15	—	.06	4.00	5.83	5.10
Manic-depressive psychoses	3.52	4.33	3.85	6.20	6.20	6.20	1.42	2.85	2.33	7.62	9.05	8.53
Traumatic psychoses	5.16	—	5.16	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	5.97	6.93	6.62	10.27	18.92	14.25	1.23	7.15	3.62	11.50	26.07	17.87
Alcoholic psychoses	6.90	5.06	6.64	14.29	16.61	14.96	2.54	5.33	3.35	16.83	21.94	18.31
With epidemic encephalitis	7.50	—	7.50	7.50	2.50	5.00	—	—	—	7.50	2.50	5.00
Paranoia and paranoid conditions	10.16	9.45	9.61	—	4.92	4.92	—	1.39	1.39	—	6.31	6.31
With mental deficiency	12.81	7.29	10.41	13.57	6.53	9.81	4.50	7.26	5.98	18.07	13.79	15.79
Without psychoses	12.13	14.21	12.62	10.26	17.50	11.16	3.57	15.00	5.00	13.83	32.50	16.16
Dementia praecox	14.96	12.08	13.47	14.06	17.12	15.92	2.81	4.10	3.58	16.87	21.22	19.50
Due to drugs, etc.	—	17.50	17.50	2.50	—	2.50	—	—	—	2.50	—	2.50
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	3.92	3.75	3.84	10.12	11.95	11.12	2.25	3.82	3.10	12.37	15.77	14.22

10.12 years for the males and 11.95 years for the females. In addition to this length of time, the readmissions spent a total of 3.10 years in institutions during previous admissions. Thus, considering both of these items together, we observe that the readmissions had been in mental hospitals for a total of 14.22 years previous to death.

This table presents a rather accurate check on the seriousness of the physical condition which accompanied the patient's mental condition at the time of admission. The shortest average lengths of stay of the first admission are observed in the undiagnosed psychoses, .04 years; psychoses due to new growth, .65 years; the psychoneuroses, .75 years; due to other metabolic diseases, .89 years, and with other disturbances of circulation, 1.23 years. The longest hospital residences previous to death are observed in the psychoses due to drugs, 17.50 years; dementia praecox, 13.47 years; without psychoses, 12.62 years; mental deficiency, 10.41 years; paranoia, 9.61 years; and with epidemic encephalitis, 7.50 years.



GRAPH 5. — AVERAGE LENGTH OF HOSPITAL STAY DURING THIS ADMISSION OF CERTAIN PSYCHOSES, COURT FIRST ADMISSIONS AND READMISSIONS DYING — 1935.

Following the length of residence prior to death among the readmissions in the various psychoses, we observe the interesting fact that the psychoses which show short residences during their first admissions also tend to show short residences during their readmissions. Conversely, the psychoses showing long residences at first admission also tend to show long residences when they become readmissions. While the readmissions remain almost three times as long within institutions prior to death as the first admissions, the psychoses which carry with them severe physical disturbances show a short period of survival in both admission groups.

AVERAGE LENGTH OF HOSPITAL STAY DURING THIS ADMISSION AND ALL ADMISSIONS, COMMITTED PATIENTS DYING, 1935, BY NUMBER OF TIMES ADMITTED

Table 74 gives the number of times admitted and the average net duration of hospital residence for the admission during which the patient died, and also for all previous admissions.

The length of hospital residence of this last admission during which the patient died is the shortest in the case of patients who had only one admission, 3.63 years. If the patient had been admitted twice and died during his second admission, average length of hospital stay for the second or last admissions was 9.54 years. When the patient had been admitted three times and died during his third admission, the length of hospital stay for the third or last admission was 9.66 years.

The average length of stay if the patient had four admissions was 8.96 years and if he had five admissions it was 10.39 years. As we note the length of stay for the last admission in the remaining groups, we observe a decrease in the length of the last hospital residence during the admission in which death occurred. Patients having ten or more admissions showed a duration of hospital residence of 5.50 years.

TABLE 74. — *Average Length of Hospital Stay During This Admission and All Admissions, Court Cases Dying, 1935, by Number of Times Admitted*

NUMBER OF TIMES ADMITTED	NUMBER			AVERAGE LENGTH OF HOSPITAL STAY IN YEARS.					
				This Admission			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
One	609	547	1,156	3.71	3.55	3.63	—	—	—
Two	209	230	439	8.45	10.53	9.54	9.71	13.10	11.49
Three	58	74	132	8.80	10.32	9.66	12.50	15.77	14.33
Four	29	32	61	8.61	9.29	8.96	11.99	13.13	12.59
Five	21	10	31	11.62	7.80	10.39	14.83	14.95	14.87
Six	5	4	9	6.55	7.75	7.08	9.90	14.25	11.83
Seven	3	2	5	6.83	.52	4.30	10.51	4.50	8.10
Eight	1	3	4	7.50	8.01	7.88	12.50	13.61	13.33
Nine	—	1	1	—	17.50	17.50	—	43.00	43.00
Ten or more	2	2	4	6.00	5.00	5.50	10.00	20.00	15.00
Total	937	905	1,842	5.36	6.09	5.72	10.75	13.79	12.34

(See Tables 234 and 235 for detail)

In summarizing, we observe that in the case of patients dying in hospitals, the shortest average hospital residence falls to the patients admitted to the hospital but once. The longest stay for the last admission is noted in the cases dying during the fifth of five admissions.

In the foregoing we considered the length of hospital residence of the last admission during which the patient died. We still now consider the average length of hospital stay during all admissions combined. Here we observe that the average length of hospital stay for cases admitted twice was 11.49 years. For cases admitted three times, the average length of hospital residence was 14.33 years. For patients admitted four times, the average length of stay was 12.59 years, and so on. The longest average stay is observed in cases admitted nine times with an average hospital residence of 43.0 years. We observe that the accumulation of years spent in hospitals does not seem to be proportionate to the higher numbers of admissions.

AVERAGE LENGTH OF HOSPITAL STAY DURING EACH ADMISSION,

ALL READMITTED CASES DYING DURING 1935

Table 75 gives the average length of hospital stay during each admission in accordance with the numbers of time admitted. We note that the average length

TABLE 75. — *Average Length of Hospital Stay During Each Admission, All Readmissions Dying During 1935*

NUMBER OF TIMES ADMITTED	Average Length of Stay in Years — All Admissions	Average Length of Stay in Years for Each Time Admitted
Two	11.49	5.74
Three	14.33	4.77
Four	12.59	3.14
Five	14.87	2.97
Six	11.83	1.97
Seven	8.10	1.15
Eight	13.33	1.66
Nine	43.00	4.77
Ten or more	15.00	1.50

(See Table 235 for detail)

of stay during each admission for patients with two admissions is 5.74 years. For patients having three admissions, the average length of stay is 4.77 years for each of the three admissions. For persons having four admissions, the average length of stay for each of the four admissions is 3.14 years. In the case of five admissions the patient remained an average of 2.97 years for each of the five admissions. There is a tendency for the average length of hospital residence for each admission to decrease as the number of times admitted increases.

TIME WITHIN INSTITUTION DURING THIS ADMISSION, ALL COURT FIRST AND
READMISSIONS WHO DIED DURING 1935, BY HOSPITAL

Table 76 is arranged in accordance with the length of hospital stay of cases dying during 1935, the hospitals showing the longest average stay coming first in the table. The total net hospital residence of all deaths was 5.72 years. The first admissions showed a net residence of 3.84 years. The readmissions remained 11.12 years. One point which stands out in this table is the marked contrast between the length of time spent in institutions by first admissions and by readmissions. The readmissions who died had remained within the hospital nearly 3 times as long as the first admissions.

The institutions vary markedly in the length of time spent within the hospital prior to death. The chronic hospitals show the longest net residence. Bridgewater shows a net residence of 20.49 years. The lowest average for the chronic group is seen in the cases at Medfield with an average stay of 10.64 years while the longest residence is evident at Grafton, 12.22 years. The hospital for epileptics (Monson) shows an average net residence of 11.03 years. The hospitals which show active admission rates and which handle the acute cases show much shorter average residences. The longest stay in this group is seen at Worcester with an average residence of 5.58 years, and the shortest stay of 3.10 years is observed at Boston State. The Metropolitan Hospital and the Psychopathic are not included in this group as the Metropolitan deals only with readmissions and the Psychopathic has very few court admissions who died. The Veterans' hospitals show short hospital residences of 3.39 years and 2.99 years, respectively.

TABLE 76. — *Average Length of Hospital Stay During THIS Admission, Court First and Readmissions who Died During 1935, by Hospital*

HOSPITALS	LENGTH OF HOSPITAL STAY		
	Total Deaths	First Admissions	Readmissions
Bridgewater	20.49	20.45	20.83
Tewksbury	16.98	9.90	18.34
Grafton	12.22	3.80	14.18
Monson	11.03	10.70	12.75
Gardner	10.78	2.28	15.86
Medfield	10.64	2.02	17.70
McLean	6.63	5.65	12.50
Worcester	5.58	4.36	9.90
Taunton	5.32	4.20	11.24
Westborough	4.90	4.19	7.79
Northampton	4.52	3.91	8.97
Foxborough	3.79	2.49	8.02
Danvers	3.52	3.12	5.84
Metropolitan	3.51	—	3.51
Veterans' Administration Facility No. 107	3.39	2.07	4.27
Boston State	3.10	2.07	8.22
Veterans' Administration Facility No. 95	2.99	1.03	4.16
Boston Psychopathic . . . . .	.11	.11	—
Total	5.72	3.84	11.12

While the figures of this table show marked variations between the length of hospital residence of cases dying within the various institutions, we are not justified in making any dogmatic conclusions owing to the fact that different types of patients are being admitted to these hospitals. The active admitting hospitals are receiving a group of patients, many of whom are acutely ill as well as disturbed mentally. These cases show a high mortality within the first few weeks following

admission. The chronic hospitals, on the other hand, receive certain types of patients chiefly by transfer. These have been selected for admission to the chronic hospital because of their excellent physical condition and moderate development of their psychosis. It is to be expected that these patients will survive for long periods of time. The marked difference in hospital residence of the first admissions and readmissions who die is partially explained by the fact that the patients who combine an acute physical condition with a mental disorder have been weeded out at the first admission. This leaves only the better physical specimens to be admitted in later years.

CAUSES OF DEATH OF PATIENTS IN MENTAL HOSPITALS

Table 77 outlines the causes of death during 1935 in order of importance. Diseases of the myocardium are found to be the cause of death in 23 per cent of cases. Arteriosclerosis and bronchopneumonia are second with 12 per cent each. Fourth place is occupied by tuberculosis of the respiratory system with 7 per cent. General paresis is fifth with 6 per cent and cancer sixth with 4 per cent. An interesting finding is presented when we add together the percentages for cardiovascular diseases or disorders (Diseases of the myocardium, Arteriosclerosis, Cerebral hemorrhage, Other diseases of the heart; Chronic endocarditis, and Diseases of the coronary arteries and angina pectoris.) These conditions account for 46 per cent of all deaths in mental hospitals. Again, disorders attacking the lungs show a high incidence. The total percentage for the conditions, Bronchopneumonia, Tuberculosis of the respiratory system, and Lobar pneumonia, is 23 per cent. Combining the two major groups under the two headings, "Cardiovascular disorders and Respiratory disorders", we find that they account for 69 per cent of deaths. Seven out of every ten deaths occurring in mental hospitals are to be found in these two main groups.

TABLE 77. — *Causes of Death of All Patients who Died in Mental Hospitals, 1935, Compared with Causes of Death in the General Population: Numbers and Percentages*

CAUSES OF DEATH	MENTAL DISEASES						GENERAL POPULATION PERCENT
	Number			Percent			
	M.	F.	T.	M.	F.	T.	
Diseases of the myocardium	241	237	478	22.8	24.3	23.6	12.3
Arteriosclerosis	127	127	254	12.0	12.9	12.5	2.0
Bronchopneumonia	130	115	245	12.3	11.7	12.1	4.5
Tuberculosis of respiratory system	67	77	144	6.3	7.8	7.1	3.7
General paresis of the insane	99	23	122	9.4	2.3	6.0	.2
Cancer and other malignant tumors	39	42	81	3.7	4.3	4.0	12.8
Cerebral hemorrhage	39	37	76	3.7	3.8	3.7	8.4
Lobar pneumonia	49	27	76	4.6	2.8	3.7	3.5
Other diseases of the heart	26	40	66	2.5	4.1	3.2	6.8
Nephritis	28	36	64	2.7	3.7	3.1	6.7
Epilepsy	34	23	57	3.2	2.3	2.8	.2
Chronic endocarditis	11	27	38	1.0	2.8	1.9	4.3
Accidental traumatism	18	15	33	1.7	1.5	1.6	6.0
Diseases of the coronary arteries and angina pectoris	13	16	29	1.2	1.6	1.4	6.8
Other diseases of respiratory system (tuberculosis excepted)	8	10	18	.8	1.0	.9	.5
Suicide	9	6	15	.9	.6	.7	1.1
Other external causes	11	4	15	1.0	.4	.7	1.8
Syphilis (non-nervous forms)	7	4	11	.7	.4	.5	.4
Pernicious anemia	5	6	11	.5	.6	.5	.2
Other diseases of the nervous system	5	6	11	.5	.6	.5	.3
All other causes	90	103	193	8.5	10.5	9.5	17.5
Total	1,056	981	2,037	100.0	100.0	100.0	100.0

(See Table 236 for detail)

Comparing the deaths in mental hospitals with deaths in the general population, we observe very interesting differences. Cases with mental disease show approximately twice as many deaths from diseases of the myocardium; six times as many deaths from arteriosclerosis; three times as many deaths from broncho-

pneumonia; twice as many deaths from tuberculosis of the respiratory system; thirty times as many deaths from general paresis; fourteen times as many deaths from epilepsy; and two and a half times as many deaths from pernicious anemia. On the other hand, cases with mental disorder are low in their proportion of deaths from certain other conditions, namely; cancer, cerebral hemorrhage, other diseases of the heart, nephritis, chronic endocarditis, and diseases of the coronary arteries and angina pectoris. An extremely interesting observation is that but .7 per cent of the mental hospital deaths are from suicide, while in the general population the percentage is 1.1. The most significant differences are the high rates in mental disorders for diseases of the cardiovascular system and diseases of the respiratory system. Mental disease is very low in its proportion of deaths from cancer, nephritis and suicide.

AVERAGE LENGTH OF HOSPITAL RESIDENCE BY AGE AT ADMISSION, CASES DYING DURING 1935

Table 78 gives the average length of hospital stay of deaths during 1935 by age at admission. In the first admissions patients showing the longest hospital stay preceding death, 11.2 years, were admitted in the age group 30-34 years. We note that the cases admitted in the younger age groups tend to show the longer periods of hospital residence. From 40 years onward, however, we notice a steadily decreasing length of hospital residence, with the low average of .13 years occurring in the age group 90 years and over. This decrease in length of stay as age advances might be expected, as the expectation of life is decreasing as the patients grow older. It will be noted that three of the age groups show an average length of stay of 10 years or over.

The readmissions show the longest length of hospital residence preceding death in those cases admitted in the age group 25-29 years, 15.1 years. An important difference is observed in contrast with the first admissions. The latter showed three groups with an average stay of 10 years or over, while the readmissions present a hospital residence over ten years in all ages of admission from 15-19 years through 50-54 years. From 55 years onward they show the same decrease as observed in first admissions, but this tends to be more gradual, culminating in the short hospital residence of 2.5 years in cases admitted in the age group 80-84 years.

TABLE 78. — *Average Length of Hospital Stay During THIS Admission, Court Cases Who Died, 1935, by Age at Admission and Sex*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
0-14 years	11.50	7.44	10.30	11.50	8.67	10.79	—	2.50	2.50
15-19 years	12.35	4.67	10.43	12.36	5.20	10.21	12.35	1.50	11.00
20-24 years	12.25	7.10	10.46	9.62	6.88	8.49	15.69	7.75	13.82
25-29 years	12.97	10.58	11.91	11.17	8.00	9.63	15.08	15.19	15.12
30-34 years	10.91	17.03	13.27	11.62	10.27	11.28	9.92	20.11	15.01
35-39 years	11.11	9.19	10.17	11.39	3.92	7.66	10.66	17.47	13.91
40-44 years	9.89	12.42	11.11	8.78	7.31	8.13	11.54	17.86	14.86
45-49 years	7.88	8.99	8.47	6.26	7.98	7.16	10.87	10.90	10.89
50-54 years	4.93	8.47	6.79	2.05	5.30	3.50	13.12	12.22	12.52
55-59 years	3.77	6.30	4.93	2.61	4.78	3.59	6.25	9.19	7.66
60-64 years	3.50	5.89	4.55	2.17	4.11	2.86	9.42	8.35	8.73
65-69 years	1.59	4.80	3.39	1.49	3.59	2.55	3.33	8.68	7.92
70-74 years	1.11	1.91	1.51	1.07	1.60	1.33	1.53	4.61	3.15
75-79 years	1.37	1.85	1.62	1.22	1.75	1.49	3.11	2.81	2.94
80-84 years	1.19	1.44	1.34	1.15	1.36	1.27	2.27	2.75	2.59
85-89 years . . . . .	.27	.82	.59	.27	.82	.59	—	—	—
90 years and over . . . . .	.04	.18	.13	.04	.18	.13	—	—	—
Total	5.36	6.09	5.72	3.92	3.75	3.84	10.12	11.95	11.12

(See Tables 232 and 233 for detail)

The reasons for the tremendous differences between the average length of stay of first admissions and readmissions is explained if we study the distribution of length of hospital stay as outlined in Table 232 of the Appendix. The first admissions dying (1,367 cases) present 22 per cent, (310 cases), with a hospital residence of less than one month preceding death. On the other hand, the readmissions,

(475 cases), showed but 4 per cent, (22 cases), with a hospital residence of less than one month. The first admissions show 55 per cent of cases dying under one year, while the readmissions show but 17 per cent dying under one year. When we get into the longer lengths of hospital residence preceding death, we see a shift to larger proportions in the readmissions. In the group remaining 5-9 years preceding death, we find the first admissions with 9 per cent and the readmissions with 13 per cent. In the group remaining 10-14 years, the first admissions show 4 per cent and the readmissions 11 per cent. In those remaining 20-24 years, the first admissions show 2 per cent, and the readmissions 7 per cent. In the group remaining in the hospital 30 years or longer, the first admissions place $1\frac{1}{2}$ per cent, and the readmissions 8 per cent.

AVERAGE AGE AT DEATH, COURT FIRST ADMISSIONS AND READMISSIONS DYING,
1935, BY PSYCHOSES AND SEX

Table 79 tells us that the average age at death of all cases dying during 1935 was 63.3 years; 61.2 years for the males, and 65.4 years for the females. The average age of first admissions dying was 64.4 years. The average age at death of the males was three years less than that of the females, 62.8 years as compared with 66.1 years. The average age of readmissions dying was 60.1 years. Here the males average 7.6 years less than the females, 56.0 years compared with 63.6 years.

The four psychoses showing the highest average ages at death, exclusive of the psychoses due to drugs because of the small number of cases, are the senile, 78.7 years for first admissions and 76.9 for readmissions; psychoses with cerebral arteriosclerosis, 73.3 years for first admissions and 70.2 years for readmissions; paranoia and paranoid conditions, with an average of 62.8 years for the first admissions and 70.0 years for the readmissions; and the psychoneuroses with 62.5 years for first admissions and 57.5 years for readmissions. The manic-depressive cases who died showed an average age of 52.3 years among the first admissions and 61.5 years in readmissions. Dementia praecox cases who died show an average age of 52.6 years in first admissions and 59.3 years in readmissions. Among the numerically important psychoses, the lowest average age at death occurs in the psychoses with syphilitic meningo-encephalitis, 50.3 years among first admissions and 46.2 years among readmissions; psychoses with mental deficiency with an average of 52.7 years among first admissions and 53.6 years among readmissions; and the without psychoses group with an average age at death of 31.2 years among first admissions and 50.6 years among readmissions.

From the above table we observe that the cases who die are largely in the older age groups. The average age at death of 63.3 years is over 20 years higher than the average age of cases who were discharged during the year, (43.6 years).

AVERAGE AGE AT DEATH OF COURT FIRST ADMISSIONS AND READMISSIONS DYING,
1935, BY HOSPITAL AND SEX

Table 80 reveals that the average age of the 1,842 cases dying in mental hospitals during 1935 was 63.3 years; 61.2 years for the males, and 65.4 years for the females. The 1,367 first admissions showed an average age at death of 64.4 years, while the readmissions dying showed a slightly lower average age at the time of death, namely, 60.1 years.

We observe that the highest average age at death is seen at Tewksbury, 68.1 years; first admissions, 76.6 years, and readmissions, 66.5 years. Taunton State Hospital shows an average age at death of 67.0 years; 68.2 years for the first admissions, and 65.4 years for the readmissions. Northampton State Hospital shows an average age at death of 66.4 years; 72.4 years for first admissions, and 64.0 years for readmissions. In all of the institutions the average ages at death are over 60 years until we reach the Bridgewater State Hospital which shows an average of 59.1 years. The Monson State Hospital, (epileptic) shows the lowest average age at death of 37.9 years; 35.6 years for first admissions and 50.0 years for readmissions. In eleven of these institutions the average ages at death are over 60 years. Three institutions fall in the age group 50-59 years, three hospitals in the group 40-49 years, and one hospital in the 30-39 year group. In the mental hospitals as well as in the general population we see the higher proportion of deaths occurring in the older age groups.

TABLE 79. — *Average Age at Death, Court First and Readmissions Dying, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	113	32	145	50.0	47.6	49.5	84	30	114	51.3	47.8	50.3	29	2	31	46.2	45.0	46.2
With other forms of syphilis	8	4	12	57.5	46.2	57.0	7	4	11	57.5	56.2	57.0	1	—	1	57.5	—	57.5
With epidemic encephalitis	2	1	3	22.5	17.5	20.8	1	—	1	17.5	—	17.5	1	1	2	27.5	17.5	22.5
With other infectious diseases	3	3	6	45.8	25.8	35.8	3	3	6	45.8	25.8	35.8	—	—	—	—	—	—
Alcoholic psychoses	76	18	94	61.3	61.9	61.4	54	9	63	58.4	55.2	57.9	22	9	31	68.6	68.4	68.4
Due to drugs, etc.	1	1	2	52.5	82.5	67.5	—	1	1	—	82.5	82.5	1	—	1	52.5	—	52.5
Traumatic psychoses	3	—	3	50.8	—	50.8	3	—	3	50.8	—	50.8	—	—	—	—	—	—
With cerebral arteriosclerosis	308	265	573	72.9	73.2	73.1	292	241	533	73.0	73.6	73.3	16	24	40	71.8	69.1	70.2
With other disturbances of circulation	8	11	19	61.2	59.7	60.3	8	10	18	61.2	59.5	60.2	—	1	1	—	62.5	62.5
With convulsive disorders (epilepsy)	18	26	44	47.7	50.5	49.4	9	19	28	47.5	45.1	45.8	9	7	16	48.0	65.3	55.6
Senile psychoses	67	157	224	78.9	78.5	78.6	63	143	206	78.7	78.7	78.7	4	14	18	81.2	75.7	76.9
Involuntional psychoses	18	23	41	61.1	59.2	60.0	15	22	37	60.1	58.1	58.9	3	1	4	65.8	82.5	70.0
Due to other metabolic diseases, etc.	14	26	40	58.2	48.0	51.6	14	23	37	58.2	49.4	52.7	—	3	3	—	37.5	37.5
Due to new growth	6	—	6	47.5	—	47.5	5	—	5	45.5	—	45.5	1	—	1	57.5	—	57.5
With organic changes of nervous system	18	18	36	52.5	50.0	51.2	16	15	31	53.1	50.5	41.8	2	3	5	47.5	47.5	47.5
Psychoneuroses	3	2	5	57.5	67.5	61.5	2	2	4	57.5	67.5	62.5	1	—	1	57.5	—	57.5
Manic-depressive psychoses	58	68	126	56.6	58.0	57.4	33	23	56	52.8	51.6	52.3	25	45	70	61.7	61.3	61.5
Dementia praecox	148	196	344	51.6	60.3	56.6	68	73	141	50.8	54.3	52.6	80	123	203	52.3	63.9	59.3
Paranoia and paranoid conditions	3	19	22	69.1	64.8	65.4	3	11	14	69.1	61.1	62.8	—	8	8	—	70.0	70.0
With psychopathic personality	5	—	5	52.5	—	52.5	4	—	4	55.0	—	55.0	1	—	1	42.5	—	42.5
With mental deficiency	27	26	53	51.9	54.6	53.2	13	10	23	49.4	57.0	52.7	14	16	30	54.2	53.1	53.6
Undiagnosed psychoses	—	1	1	—	47.5	47.5	—	1	1	—	47.5	47.5	—	—	—	—	—	—
Without psychoses	30	8	38	34.0	40.0	35.3	23	7	30	30.3	34.0	31.2	7	1	8	46.0	82.5	50.6
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	937	905	1,842	61.2	65.4	63.3	720	647	1,367	62.8	66.1	64.4	217	258	475	56.0	63.6	60.1

(See Tables 224 and 225 for detail)

TABLE 80. — Average Age at Death, Court First and Readmissions Dying, 1935, by Hospital and Sex

HOSPITALS	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Tewksbury	5	26	31	62.5	69.2	68.1	1	4	5	77.5	76.3	76.6	4	22	26	58.7	67.9	66.5
Taunton	93	76	169	64.5	70.0	67.0	79	63	142	65.6	71.5	68.2	14	13	27	63.2	67.8	65.4
Northampton	96	68	164	65.3	68.1	66.4	86	58	144	63.7	82.3	72.4	10	10	20	61.5	66.5	64.0
Boston State	175	176	351	65.0	67.2	66.1	147	145	292	67.0	68.1	67.5	28	31	59	54.8	62.8	59.0
Gardner	16	24	40	65.6	66.0	65.8	4	11	15	73.7	74.7	74.5	12	13	25	62.9	58.6	60.7
Westborough	65	80	145	66.0	65.1	65.5	54	63	117	66.7	66.4	66.6	11	17	28	62.5	65.7	64.4
Medfield	55	65	120	61.2	68.3	65.0	30	24	54	59.5	65.0	63.9	25	41	66	58.9	70.3	65.9
McLean	4	3	7	58.7	72.5	64.6	3	3	6	54.1	72.5	63.3	1	—	1	72.5	—	72.5
Foxborough	46	35	81	59.9	67.6	63.2	37	25	62	64.4	67.6	65.7	9	10	19	51.9	54.5	53.2
Danvers	119	151	270	62.4	62.1	62.2	108	123	231	62.6	64.0	63.4	11	28	39	59.7	53.9	55.5
Grafton	27	42	69	59.1	60.7	60.1	7	6	13	59.6	46.6	53.6	20	36	56	59.0	63.0	61.6
Bridgewater	30	—	30	59.1	—	59.1	27	—	27	59.5	—	59.5	3	—	3	55.8	—	55.8
Worcester	113	127	240	53.7	60.2	58.2	89	98	187	61.6	66.3	64.0	24	29	53	34.8	39.5	37.4
Metropolitan	12	6	18	53.7	55.0	54.1	—	—	—	—	—	—	12	6	18	53.7	55.0	54.1
Veterans' Administration Facility No. 107	20	—	20	43.0	—	43.0	8	—	8	48.7	—	48.7	12	—	12	40.8	—	40.8
Veterans' Administration Facility No. 95	24	—	24	43.7	—	43.7	6	—	6	45.8	—	45.8	15	—	15	42.5	—	42.5
Boston Psychopathic	5	8	13	47.5	35.6	40.2	5	8	13	47.5	35.6	40.2	—	—	—	—	—	—
Monson	32	18	50	34.4	44.1	37.9	26	16	42	32.1	41.2	35.6	6	2	8	44.1	67.5	50.0
Total	937	905	1,842	61.2	65.4	63.3	720	647	1,367	62.8	66.1	64.4	217	258	475	56.0	63.6	60.1
Percent	100.0	100.0	100.0				76.8	71.5	74.2				23.2	28.5	25.8			

(See Tables 228 and 229 for detail)

Section E. Resident Population of Mental Hospitals on September 30, 1935

In previous sections we have discussed admissions, readmissions, discharges and deaths for the year 1935. We now turn to a discussion of the resident population. We have analyzed our material in reference to specific factors for all patients in residence and all patients out of our mental hospitals on September 30, 1935. On that date there were 23,714 cases actually in residence in the State Hospitals, Bridgewater, Mental Wards — Tewksbury, Veterans' Administration Facilities Nos. 95 and 107, and McLean Hospital. Twelve thousand, two hundred and seventy-one of these were males and 11,443 were females.

In the following discussion concerning this particular group of cases it should be recalled that the resident population is simply a residual population made up from an accumulation of admissions which have not left the hospital by reason of discharge or death. If we think of first admissions in terms of their final outcome, we can see that it is impossible to discuss resident population with any finality. Of the first admissions, a certain number are discharged, other proportions die, and another proportion remains within the institution. Of the discharges, a certain number may be readmitted and go through a similar process. Therefore, in discussing resident population, we are discussing a group which makes available to us a large amount of valuable information, but at the same time we are not viewing a group which in any way pictures the final disposition of the psychotic case.

PATIENTS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1904-1935, INCLUSIVE

Table 81 presents the numbers and rates per 100,000 of the population of patients in residence in mental hospitals on September 30, of each year from 1904 to 1935, inclusive. Consulting the total section of this table we observe that Massachusetts had 9,455 patients in residence in mental hospitals in 1904. In 1914 this number had increased to 13,685; in 1924 to 16,776; and in 1935 to 23,714. In other words there was an increase of 14,259 patients in residence in mental hospitals over the 32-year period. From the viewpoint of rates, 312 persons per one hundred thousand of the population were in residence in 1904. In 1935 this rate had increased to 545. Thus our mental hospitals were caring for 233 persons more per hundred thousand of the population in 1935 than they were in 1904.

The second section of this table records the numbers and rates for patients in residence in State hospitals only. The third section records the numbers and rates for patients committed to the Bridgewater State Hospital (criminal insane); Tewksbury (State Infirmary); McLean Hospital (a large private institution); and the two Veterans' Administration Facility Hospitals in this State. We may say that these statistics report approximately 99 per cent of all mental cases within mental hospitals for the State of Massachusetts. In the State hospitals alone the rates per hundred thousand of the population increased from 270 in 1904 to 473 in 1935. In the third group, comprising hospitals not directly under the Department of Mental Diseases, the rates increased from 41 in 1904 to 71 in 1935.

Interesting sex variations are observed. In the total group it will be noted that the rates for the males in residence are higher in twenty-three of the thirty-two years under consideration, while the females show higher rates in but nine years. In the State hospital group the females show higher residence rates in every one of the thirty-two years. In the group "Other Mental Hospitals" the males show higher residence rates in each year. This is accounted for by the fact that the Bridgewater State Hospital for the criminal insane is for males only, as are the two Veterans' Administration Facility Hospitals. The sex differences observed in the above discussion demonstrate clearly how statistics based upon State hospitals alone are unreliable and give a biased picture of the situation as a whole. In this State female criminals with mental disorders are taken care of in the various State hospitals, but the males are committed to Bridgewater. Thus we observe that the rates for the females in our State hospitals are uniformly higher than the rates for the males. Basing opinions upon the findings for the State hospitals only would give a falsely high residence rate for females. However, when we combine all hospitals, as in the total section of Table 81, we strike a better balance between the sexes. In addition it is to be noted that the residence rates for males in com-

TABLE 81. — *Patients in Residence in Mental Hospitals on September 30, 1904-1935 Inclusive: Numbers and Rates per 100,000 Population of State*

YEARS	TOTAL			STATE HOSPITALS — D.M.D.						OTHER MENTAL HOSPITALS ²					
	NUMBER			RATE ¹			NUMBER			RATE			NUMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	4,614	4,841	9,455	311.2	312.9	312.1	3,844	4,363	8,207	259.3	282.0	270.9	770	478	1,248
1905	4,808	5,026	9,834	318.1	319.2	318.6	4,045	4,612	8,657	267.6	292.9	280.6	763	414	1,177
1906	4,915	5,094	10,009	319.1	318.0	318.6	4,120	4,618	8,738	267.5	288.3	278.1	795	476	1,271
1907	5,162	5,245	10,407	329.0	321.9	325.4	4,312	4,711	9,023	274.8	289.2	282.1	850	534	1,384
1908	5,560	5,648	11,208	348.0	341.0	344.4	4,673	5,047	9,720	292.5	304.7	298.7	887	601	1,488
1909	5,805	5,903	11,708	356.9	350.6	353.7	4,882	5,270	10,152	300.2	313.0	306.7	923	633	1,556
1910	6,049	6,146	12,195	365.4	359.2	362.3	5,052	5,499	10,551	305.2	321.4	313.4	997	647	1,644
1911	6,247	6,255	12,502	372.1	364.3	366.1	5,188	5,612	10,800	309.0	328.1	316.2	1,059	643	1,702
1912	6,498	6,423	12,921	381.7	364.7	373.1	5,418	5,779	11,197	318.3	328.1	329.5	1,080	644	1,724
1913	6,661	6,638	13,299	386.0	371.6	378.7	5,580	5,993	11,573	323.4	335.5	329.5	1,081	645	1,726
1914	6,819	6,866	13,685	389.8	379.0	384.3	5,746	6,207	11,953	328.5	342.6	335.7	1,073	659	1,732
1915	7,114	7,089	14,203	401.3	386.0	393.5	6,012	6,450	12,462	339.2	351.2	348.3	1,102	639	1,741
1916	7,313	7,193	14,506	407.1	386.3	396.6	6,186	6,523	12,739	344.4	352.0	348.3	1,127	640	1,767
1917	7,461	7,409	14,870	410.0	392.6	401.2	6,329	6,772	13,101	347.8	358.9	353.5	1,132	637	1,769
1918	7,385	7,612	14,997	400.7	398.1	399.4	6,254	6,975	13,229	339.3	364.8	352.6	1,131	637	1,768
1919	7,349	7,602	14,951	393.7	392.4	393.1	6,247	6,975	13,222	334.7	360.1	347.6	1,102	627	1,729
1920	7,393	7,757	15,150	391.2	395.3	393.3	6,295	7,138	13,433	333.1	363.7	348.7	1,098	619	1,717
1921	7,800	8,023	15,823	408.8	404.4	406.5	6,674	7,384	14,058	349.8	372.2	361.2	1,126	639	1,765
1922	7,935	8,228	16,163	411.9	410.3	411.1	6,777	7,502	14,279	351.8	378.6	365.5	1,138	636	1,794
1923	8,000	8,422	16,422	411.4	415.5	413.5	6,820	7,803	14,623	350.7	384.9	368.2	1,180	619	1,799
1924	8,098	8,678	16,776	412.6	423.6	418.2	6,880	8,025	14,905	350.5	391.7	371.6	1,218	653	1,871
1925	8,323	8,920	17,243	420.2	430.9	425.6	7,098	8,273	15,371	358.3	399.6	379.4	1,225	647	1,872
1926	8,377	9,035	17,412	419.1	431.9	425.6	7,130	8,381	15,511	356.7	400.7	379.2	1,247	654	1,901
1927	8,378	9,406	17,784	415.3	445.1	430.6	7,133	8,726	15,839	352.6	412.9	383.5	1,265	680	1,945
1928	9,269	9,947	19,216	455.4	465.9	460.8	8,007	9,262	17,269	393.4	433.9	414.1	1,262	685	1,947
1929	10,368	10,126	20,494	504.9	469.6	486.8	8,222	9,444	17,666	400.4	438.0	419.6	2,146	682	2,828
1930	10,694	10,400	21,094	516.2	477.5	496.4	8,374	9,736	18,099	404.2	446.6	428.6	2,321	674	2,995
1931	11,112	10,730	21,842	531.7	487.8	509.2	8,744	10,070	18,814	418.4	457.8	438.6	2,368	660	3,028
1932	11,370	10,867	22,237	539.4	489.3	513.7	9,026	10,229	19,255	428.2	460.5	444.8	2,344	638	2,982
1933	11,619	11,085	22,704	546.5	494.3	519.7	9,184	10,491	20,675	432.0	467.8	450.4	2,435	594	3,029
1934	11,957	11,239	23,196	557.6	496.3	526.1	9,442	10,649	20,091	440.3	470.3	455.7	2,515	590	3,105
1935	12,271	11,443	23,714	581.5	510.6	545.0	9,717	10,870	20,587	460.4	485.1	473.1	2,554	573	3,127

¹Population estimated for each intercensal year.

²Includes Bridgewater, Tewksbury and McLean.

Veterans' Administration Facilities Nos. 95 and 107 added to statistics in 1929.

parison with the females are very much higher since 1929 when the two Veterans' Administration Facility Hospitals were added to our statistical system. Inasmuch as we desire to present statistics on mental diseases as a State problem, the figures on sex differences for the last few years are probably better than those of preceding years. It is evident that if no Veterans' Hospitals were in existence, the patients admitted thereto would have to be absorbed into our State hospitals. It becomes increasingly evident that the significance of mental diseases as a State wide problem can only be determined by a thorough study of all cases of mental diseases under care in any hospital, whatever the particular type.

AVERAGE LENGTH OF HOSPITAL STAY, ALL PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1928-1935, INCLUSIVE

Table 82 gives the hospital stay during the present admission of patients in residence in mental hospitals at the end of the statistical years 1928 to 1935, inclusive. The length of stay of these resident cases has increased from 8.9 in 1928 to 9.3 in 1935. In the total figures the sexes seem to be fairly well balanced. The length of stay of first admissions show a slight decrease from 8.3 in 1929 to 8.1 in 1935. In the first admissions we notice that the males show uniformly longer hospital residences in each of the years outlined. While these differences were nearly a full year in 1929, they seem to be getting smaller as time goes on. In the readmissions we observe that the length of hospital stay increased from 9.3 in 1929 to 10.5 in 1935. Cases returning to mental hospitals are evidently showing a tendency to longer hospital stay. This checks somewhat with the findings of Table 51 recording the length of stay of discharges. There the first admissions were showing little changes in time, while the readmissions discharged showed tendencies to a longer hospital stay. In the readmissions in the resident population the females show the longer time in residence. The sexes appear to be showing the same relative positions as times goes on, contrasting in this respect with the first admissions.

The long length of hospital stay of these in residence cases demonstrates some of the difficulties facing hospital administrators in providing medical and general care for the mental patient. The first admissions with an average residence of 8.1 years and the readmissions with an average residence of 10.5 years show how lengthy must be the treatment provided for the routine case of mental disorder.

TABLE 82. — *Average Length of Hospital Stay During THIS Admission, Patients Resident in All Mental Hospitals¹ on September 30, 1928-1935, by Year and Sex: Averages*

YEAR	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928	9.3	8.6	8.9	—	—	—	—	—	—
1929	8.9	8.8	8.9	8.6	7.7	8.3	9.2	9.4	9.3
1930	8.9	9.0	8.9	8.6	7.8	8.2	8.9	9.6	9.3
1931	8.6	8.7	8.6	8.6	7.9	8.3	8.5	9.2	8.9
1932	8.6	8.8	8.7	8.8	8.1	8.4	8.6	9.3	8.9
1933	8.8	9.1	9.0	8.9	8.3	8.6	8.8	9.5	9.2
1934	9.0	9.3	9.1	8.2	7.9	8.0	9.9	10.7	10.3
1935	9.2	9.4	9.3	8.3	8.0	8.1	10.2	10.9	10.5

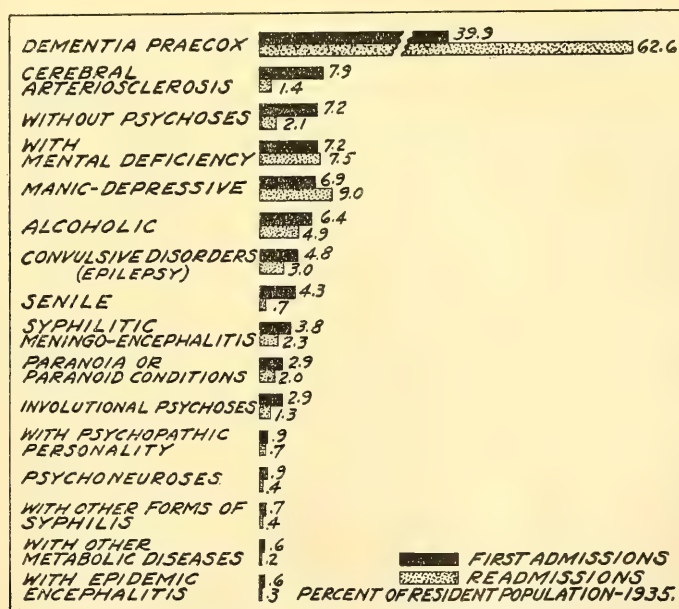
¹Includes Bridgewater, Tewksbury, McLean and Veterans' Administration Facilities Nos. 107 and 95.

FORM OF ADMISSION AND PSYCHOSES OF FIRST AND READMISSIONS IN RESIDENCE IN STATE HOSPITALS ON SEPTEMBER 30, 1935

It is important that we know the exact status of patients resident in State hospitals at the end of a statistical year. Table 83 and Graph 6 give us this information for both first and readmissions. Thus, on that date we observe that 12,109 first admissions were in residence in our State hospitals: 6,398 males and 5,711 females. Of this total 11,309 were held under court commitment, 29 on temporary care status, 47 on observation status, and 724 on voluntary status. In the court cases there were 683 more males than females. The temporary care and the observation cases present a predominance of males also. The voluntary cases show more females than males. In the court commitments in residence, cases with

dementia praecox, psychoses with cerebral arteriosclerosis, psychoses with mental deficiency and the manic-depressive psychoses show the largest relative proportions. In the temporary care group, the cases without psychoses and cases with dementia praecox show the largest number. In the observation group the cases without psychosis, cerebral arteriosclerosis and the psychoneuroses show the largest proportions. In the voluntary group we note the interesting fact that the without psychosis group and the psychoses with convulsive disorders (epilepsy) provide 96 per cent of cases.

There were 11,605 readmissions in residence; 5,873 males and 5,732 females. Eleven thousand three hundred and thirty of these were held under court commitment; 12 on temporary care status; 20 on observation status, and 243 on voluntary status. The males predominate in the court and observation cases in residence. Among the court readmissions in residence we note that dementia praecox with 64 per cent, the manic-depressive group with 9 per cent; mental deficiency with 7 per cent; and the alcoholic group with 5 per cent show the largest proportions of cases in residence. In the temporary care group, the manic-depressive psychoses show the largest proportion. Among the observation cases the proportions show either 5 or 15 per cent for all of the psychoses with the exception of the cases without psychoses which made up 30 per cent. In the voluntary group we see the cases without psychoses and the psychoses with convulsive disorders (epilepsy) showing approximately 90 per cent of the voluntary readmissions in residence.



GRAPH 6.—FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1935, BY PSYCHOSES. PERCENTAGE DISTRIBUTION.

Ninety-three per cent of the first admissions in residence were court cases, while 97 per cent of the readmissions were court cases. Temporary care cases in residence made up .23 per cent of the first admissions and .10 per cent of the readmissions. Observation cases comprised .38 per cent of the first admissions and .17 per cent of the readmissions. The voluntary cases presented 5.9 per cent of resident first admissions, and 2.09 per cent of resident readmissions.

TABLE 83. — All First Admissions Resident in State Hospitals on September 30, 1935, by Form of Admission and Mental Disorders: Numbers and Percentage Distribution

MENTAL DISORDERS	FIRST ADMISSIONS																		
	TOTAL			COURT			TEMPORARY CARE			OBSERVATION			VOLUNTARY						
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%			
With syphilitic meningo-encephalitis . . .	351	104	455	3.8	349	103	452	4.0	—	1	1	3.4	1	1	1	2.1	1	1	.1
With other forms of syphilis . . .	61	19	80	.7	61	18	79	.7	—	—	—	—	—	—	—	—	—	—	.1
With epidemic encephalitis . . .	41	26	67	.6	40	26	66	.6	1	—	1	3.4	—	—	—	—	—	—	—
With other infectious diseases . . .	6	8	14	.1	6	8	14	.1	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses . . .	681	89	770	6.4	673	89	762	6.7	5	5	5	17.3	3	3	3	6.4	—	—	—
Due to drugs, etc. . .	6	2	8	.1	6	2	8	.1	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses . . .	36	10	46	.4	35	10	45	.4	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis . . .	482	472	954	7.9	478	471	949	8.4	1	—	1	3.4	3	1	3	1	4	—	—
With other disturbances of circulation . . .	16	16	32	.3	16	16	32	.3	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy) . . .	292	300	592	4.8	192	155	347	3.1	—	—	—	—	—	1	1	1	2.1	1	1
Senile psychoses . . .	206	324	530	4.3	204	324	528	4.7	—	—	—	—	—	1	1	1	2.1	—	.1
Involuntal psychoses . . .	113	239	352	2.9	113	238	351	3.1	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc. . .	26	41	67	.6	26	40	66	.6	—	—	—	—	—	—	—	—	—	—	—
Due to new growth . . .	1	3	4	.03	1	2	3	.02	—	—	—	—	—	—	—	—	—	—	.1
With organic changes of nervous system . . .	92	37	129	1.1	91	37	128	1.1	1	—	1	3.4	—	—	—	—	—	—	—
Psychoneuroses . . .	38	69	107	.9	34	62	96	.8	—	—	—	—	—	1	3	4	8.5	3	4
Manic-depressive psychoses . . .	344	492	836	6.9	336	484	820	7.3	1	3	4	13.8	1	2	3	6.4	6	3	9
Dementia praecox . . .	2,508	2,318	4,826	39.9	2,502	2,313	4,815	42.5	2	4	6	20.8	3	3	3	6.4	1	1	2
Paranoia and paranoid conditions . . .	104	251	355	2.9	103	249	352	3.1	—	1	1	3.4	1	—	—	2.1	1	1	1
With psychopathic personality . . .	56	59	115	.9	52	57	109	1.0	—	—	—	—	—	—	—	—	—	—	.1
With mental deficiency . . .	465	411	876	7.2	462	410	872	7.7	—	—	—	—	—	2	1	3	6.4	1	—
Undiagnosed psychoses . . .	7	8	15	.1	5	7	12	.1	1	1	2	6.9	1	—	—	2.1	—	—	—
Without psychoses . . .	464	412	876	7.2	211	192	403	3.6	3	3	6	20.8	13	4	17	36.2	237	213	450
Primary behavior disorders . . .	2	1	3	.02	—	—	—	—	1	—	1	3.4	1	1	1	4.4	—	—	—
Total . . .	6,398	5,711	12,109	100.0	5,996	5,313	11,309	100.0	16	13	29	100.0	32	15	47	100.0	354	370	724
																			100.0

TABLE 84. — *Economic Status of Court Admissions, Discharges and Deaths, 1935, and Resident Population and Patients Out on September 30, 1935: First and Readmissions, by Sex: Numbers and Percentages*

ECONOMIC STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Admissions: ¹												
Dependent	524	400	924	28.5	24.9	26.8	125	62	187	27.3	14.8	21.3
Marginal	1,159	1,002	2,161	63.1	62.4	62.7	314	324	638	68.6	77.5	72.8
Comfortable	89	100	189	4.8	6.2	5.5	15	27	42	3.3	6.5	4.8
Unknown	66	104	170	3.6	6.5	5.0	4	5	9	.8	1.2	1.1
Total	1,838	1,606	3,444	100.0	100.0	100.0	458	418	876	100.0	100.0	100.0
Discharges: ¹												
Dependent	138	87	225	19.7	15.0	17.6	61	25	86	17.5	9.3	13.9
Marginal	514	429	943	73.3	74.0	73.6	263	238	501	75.4	88.1	80.9
Comfortable	38	53	91	5.4	9.1	7.1	23	7	30	6.6	2.6	4.8
Unknown	11	11	22	1.6	1.9	1.7	2	—	2	.5	—	.4
Total	701	580	1,281	100.0	100.0	100.0	349	270	619	100.0	100.0	100.0
Deaths: ¹												
Dependent	220	178	398	30.6	27.5	29.1	37	50	87	17.1	19.4	18.3
Marginal	428	385	813	59.4	59.5	59.5	173	192	365	79.7	71.4	76.8
Comfortable	39	28	67	5.4	4.3	4.9	5	13	18	2.3	5.0	3.8
Unknown	33	56	89	4.6	8.7	6.5	2	3	5	.9	1.2	1.1
Total	720	647	1,367	100.0	100.0	100.0	217	258	475	100.0	100.0	100.0
Resident Population:												
Dependent	1,526	1,147	2,673	23.9	20.1	22.1	915	718	1,633	15.6	12.5	14.1
Marginal	4,505	4,013	8,518	70.4	70.3	70.4	4,704	4,619	9,323	80.1	80.6	80.3
Comfortable	252	412	664	3.9	7.2	5.5	192	338	530	3.3	5.9	4.6
Unknown	115	139	254	1.8	2.4	2.0	62	57	119	1.0	1.0	1.0
Total	6,398	5,711	12,109	100.0	100.0	100.0	5,873	5,732	11,605	100.0	100.0	100.0
Patients Out:												
Dependent	148	167	315	18.3	19.4	18.9	58	69	127	16.6	13.2	14.6
Marginal	603	619	1,222	74.7	71.9	73.4	272	410	682	77.7	78.5	78.2
Comfortable	42	53	95	5.2	6.2	5.7	18	29	47	5.1	5.6	5.4
Unknown	14	22	36	1.8	2.5	2.0	2	14	16	.6	2.7	1.8
Total	807	861	1,668	100.0	100.0	100.0	350	522	872	100.0	100.0	100.0

¹Includes first and readmissions by regular court commitment.

ECONOMIC STATUS OF COURT ADMISSIONS, DISCHARGES AND DEATHS, 1935, AND
RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1935, FIRST
AND READMISSIONS

In Table 84 we attempt a resumé of the part played by economic status in connection with admissions, discharges, deaths and the resident population. In discussing the admissions we note that *first admissions* for the year 1935 showed 26 per cent of cases in the dependent group. Among the discharges for the same year, however, the dependent group made up but 17 per cent. Among the deaths this group was observed to the extent of 29 per cent, while they made up 22 per cent of the first admissions in the resident population and 18 per cent of patients out. It is striking here that the percentage of discharges in the dependent group is so small in comparison with admissions for the year, 17 per cent as against 26 per cent.

The marginal economic group made up 62 per cent of first admissions, and 73 per cent of the first admissions discharged during the year. This economic group comprised 59 per cent of all deaths for the year, and made up 70 per cent of the resident population and 73 per cent of the patients out on September 30, 1935. Thus, the marginal economic group shows a higher proportion of discharges than of first admissions during the year. It also shows a high proportion in the resident population and of patients out at the end of the year.

The comfortable economic group made up 5 per cent of first admissions, 7 per cent of first admissions discharged, 4 per cent of the deaths, and 5 per cent of the resident population and patients out. We note that they have a high discharge percentage in comparison with their percentage of first admissions, and they show a relatively high proportion in the population on the books.

Now we turn to the *readmissions* and make these same comparisons throughout the groups concerned. Readmissions for the year 1935 showed 21 per cent in the dependent group admitted, while but 13 per cent were discharged. They made up 18 per cent of the deaths, 14 per cent of the resident population and 14 per cent of the patients out. As in the first admissions, we again observe that the dependent cases have a low percentage in the discharges as compared with their percentage of admissions. They also are low in the cases retained in the resident population. The economic group, marginal, shows 72 per cent of readmissions for the year, 80 per cent of readmissions discharged, 76 per cent of deaths, 80 per cent of the resident population and 78 per cent of the patients out. As in the case of the first admissions, the readmissions in the marginal group again show a high proportion among the discharges, and a high proportion in the population on the books. The economic group, comfortable, reveals 4 per cent in readmissions for the year, 4 per cent in the readmissions discharged, 3 per cent in the deaths, 4 per cent in the resident population and 5 per cent in the patients out. Apparently readmissions of comfortable status show the same relative proportions admitted, discharged and remaining on the books.

Reviewing this material, we note that the tendency is for the dependent group to have low proportions of cases discharged. On the other hand, the marginal and comfortable group show higher proportions of cases discharged in comparison with admissions of the same status. In both first and readmissions the economic group "dependent" does not show any great tendency to accumulate in the resident population, this accumulation apparently coming from the "marginal" group. The "comfortable" group shows a slight tendency to accumulate among the first and readmissions in residence.

PERCENTAGE DISTRIBUTION OF CERTAIN PSYCHOSES AMONG ADMISSIONS,
DISCHARGES, DEATHS, 1935, AND RESIDENT POPULATION AND PATIENTS
OUT ON SEPTEMBER 30, 1935

In Table 85 we divide the admissions, discharges, deaths, resident population and patients out for the year into first and readmissions, and then compare the percentage distribution of the psychoses within these separate divisions. Insofar as the percentages of psychoses in first admissions tend to be the same from year to year, we have a means here of comparing the outcome of some of the specific psychosis groups. Dementia praecox made up 22 per cent of first admissions during 1935. It made up 25 per cent of discharges, and 10 per cent of deaths for the same year. Thus, we see that dementia praecox has an unexpectedly high discharge

rate and a very low death rate among first admissions. However, in the resident population we see that this psychosis comprises almost 40 per cent of resident cases. Apparently the low death rate of previous years has resulted in considerable retention and we have dementia praecox cases in our institutions in unusual proportions. In addition we find that 30 per cent of our cases who were out on September 30, 1935 had this psychosis. The manic-depressive psychoses present a marked contrast in reference to first admissions. This psychosis makes up 10 per cent of first admissions for 1935, 18 per cent of discharges, but 4 per cent of deaths, and only 6 per cent of the resident population. Thus, we see that this psychosis has a high discharge rate, a very low death rate, and a low retention rate. It is interesting to note, however, that a large percentage of cases with this psychosis, although still carried on the books of our mental hospitals, were out on visit, etc. on September 30, 1935. Psychoses with cerebral arteriosclerosis made up 20 per cent of first admissions during 1935. It also comprised 8 per cent of discharges, 39 per cent of deaths, 7 per cent of the resident population, and 7 per cent of the patients out. This psychosis has a low discharge rate but an extremely high death rate, and little tendency towards retention within institutions.

We will now discuss these same psychoses in the readmissions. Dementia praecox made up 32 per cent of readmissions during 1935, 29 per cent of the discharges, 42 per cent of the deaths, 62 per cent of the resident population and 39 per cent of the patients out of institutions on September 30, 1935. Readmissions with this psychosis apparently have a low discharge rate, a very high death rate, and a greater tendency towards retention within institutions. In this case the smaller numbers of discharges apparently tend to have an accumulative effect as we see 62 per cent of dementia praecox cases in the resident readmissions as compared with 32 per cent of the readmissions admitted for the year. The manic-depressive group made up 31 per cent of readmissions during 1935. It comprised 32 per cent of the discharges, 14 per cent of the deaths, 9 per cent of the readmitted cases in the resident population and 29 per cent of the cases out on visit at the end of the year. The manic group apparently has a high discharge rate and a low death rate, and no tendency to accumulate in the resident population. It is particularly interesting to note that this psychosis had 29 per cent of cases out on visit, etc. the end of the year. Psychoses with cerebral arteriosclerosis made up but 4 per cent of readmissions during 1935. They comprised 2 per cent of discharges, 8 per cent of deaths, 1 per cent of readmissions in the resident population and 2 per cent of patients out at the end of the year. As far as readmissions are concerned, this psychosis has a very low discharge rate, a high death rate, and a low rate of retention within institutions. Pursuing the same method for the separate psychotic groups we see the tendencies of each group in the matter of discharge rates, death rates and retention rates.

MARITAL STATUS OF ADMISSIONS, DISCHARGES AND DEATHS, 1935, AND THE RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1935

Table 86 presents the marital status in admissions, discharges and deaths during the year 1935 compared with the resident population and patients out on September 30, 1935. In the first admissions the single comprised 39 per cent of all admissions; 41 per cent of the discharges; 31 per cent of deaths; 56 per cent of the resident population; and 47 per cent of the patients out. This group is quite low in the proportion of deaths but extremely high in patients retained in the resident population. The married group makes up 39 per cent of first admissions; 46 per cent of discharges; 33 per cent of deaths; 30 per cent of the resident population; and 41 per cent of patients out on visit, etc. at the end of the year. The married group is high in discharges, low in deaths, low in the resident population, and high among patients allowed out of the institution. The widowed group comprised 16 per cent of first admissions; 8 per cent of discharges; 30 per cent of deaths; 9 per cent of the resident population; and 7 per cent of patients out. This group shows very low proportions in both the resident population and in patients out. The divorced group makes up 2 per cent of first admissions; 2 per cent of discharges; 2 per cent of the deaths, and 2 per cent of the resident population and of patients out at the end of the year.

TABLE 85. — Admissions, Discharges, Deaths, 1935, Resident Population and Patients Out on September 30, 1935: First and Readmissions, by Certain Mental Disorders: Percentage Distribution

MENTAL DISORDERS	ADMISSIONS ¹		DISCHARGES ¹		DEATHS ¹		RESIDENT POPULATION		PATIENTS OUT ON VISIT, ETC.	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis.	6.9	3.2	4.9	4.7	8.3	6.5	3.8	2.3	4.5	1.9
Alcoholic psychoses	7.1	7.0	11.7	8.3	4.6	6.5	6.4	4.9	8.3	4.8
With cerebral arteriosclerosis	20.2	4.6	8.9	2.9	39.0	8.4	7.9	1.4	7.0	2.5
Senile psychoses	7.8	2.3	2.6	.6	15.1	3.8	4.3	1.7	2.2	1.1
Involitional psychoses	4.0	1.7	4.7	1.1	2.7	.8	2.9	1.3	4.7	2.1
Due to other metabolic diseases, etc.	1.5	.6	2.0	.6	2.7	.6	.6	.2	1.2	.3
With organic changes of nervous system	1.6	.9	.8	.6	2.3	1.1	1.1	.6	1.1	1.1
Psychoneuroses	2.6	1.4	4.3	2.9	3.3	2.3	.9	.4	2.8	2.4
Manic-depressive psychoses	10.8	31.1	18.4	32.0	4.1	14.8	6.9	9.0	15.7	29.6
Dementia praecox	22.9	32.0	25.5	29.9	10.3	42.7	39.9	62.6	30.5	39.2
Paranoia and paranoid conditions	2.4	2.3	2.8	2.6	1.0	1.7	2.9	2.0	2.8	2.1
With mental deficiency	3.3	3.9	2.4	4.2	1.7	6.4	7.2	7.5	3.9	5.7
Without psychoses	1.6	3.1	3.0	4.0	2.2	1.7	7.2	2.1	5.3	2.4
All other psychoses	7.3	5.9	8.0	5.6	5.7	4.8	8.0	5.0	10.0	4.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Tables 174-5, 217-18, 224-5, and 238-241 for detail of mental disorders).

¹First and readmissions by regular court commitment.

The separated persons show one per cent of cases in all of the categories mentioned. Briefly, the single present a low death rate which results in a high proportion of this group being retained in the resident population. The married present a high discharge rate and a low death rate and but few are retained. The widowed, on the other hand, present a low discharge rate and an extremely high death rate. The divorced and separated tend to show the same proportions throughout the various categories mentioned.

In the readmissions we observe that the single comprised 44 per cent of admissions; 46 per cent of the discharges; 46 per cent of the deaths; 60 per cent of the resident population; and 49 per cent of patients out. The single readmissions present much larger proportions dying than do the first admissions. The married readmissions comprise 41 per cent of admissions; 43 per cent of discharges; 33 per cent of deaths; 30 per cent of the resident population; and 38 per cent of the cases out. This group shows a high discharge rate, a low death rate, and a low retention rate which is similar to the situation in the first admissions. The widowed show 10 per cent of readmissions; 7 per cent of discharges; 15 per cent of deaths; 5 per cent of the resident population and 6 per cent of patients out. This high death rate was observed also in the first admissions for this particular marital group. The divorced make up 3 per cent of readmissions; 2 per cent of discharges; 2 per cent of deaths; 2 per cent of the resident population; and 3 per cent of the patients out of the hospital at the end of the year.

AVERAGE ADMISSION AGE OF ADMISSIONS, DISCHARGES AND DEATHS DURING 1935 COMPARED WITH THE AVERAGE ADMISSION AGE OF THE RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1935, BY PSYCHOSES

In Table 87 we compare the admission age of first and readmissions during 1935 with the admission age of first and readmissions of discharges and deaths during 1935. We also compare these figures with the admission age of first and readmissions in the resident population and of patients out at the end of the year.

In discussing the first admissions, we observe that the admission age of first admissions during 1935 was 48.7 years. The admission age of cases discharged during that same year was 41.7 years. The admission age of first admissions dying during 1935 was 60.8 years. The admission age of first admissions in the resident population was 41.1 years and that of patients out, 39.3 years. We note that in this group the age of discharges is seven years less than that of the admissions for the year, while the admission age of first admissions in the resident population is over seven and a half years less. The admission age of patients out at the end of the year is lowest of all, 39.3 years. However, when we come to the deaths we see that the admission age of persons dying during 1935 was over twelve years higher than that of the admissions.

The admission age of readmissions admitted during 1935 was 44.6 years. Readmissions discharged during 1935 had an average admission age of 41.7 years. Those dying during 1935 had an average admission age of 48.8 years. Readmission cases in the resident population on September 30, 1935 had an average admission age of 40.4 years, while readmissions who were out on the above date had an average admission age of 42.5 years. Now among the readmissions we see a little different situation than was observed in the first admissions. The average age at admission of readmissions was 44.6 years. The average admission age of readmissions discharged during the year is nearly three years less, while the admission age of readmissions in the resident population is four years lower than the admission age. The admission age of readmissions dying is four years higher than that of the readmissions admitted during the year. We observe that among the readmissions the resident population is selected from cases admitted in the younger ages, while in the first admissions the cases who were discharged seem to be selected from the younger admission ages.

Table 87 presents this material by psychosis and for first and readmissions, but the limitations of space prevent a full discussion of the various psychoses. In general, we may say from these results that the first admissions coming in each year will tend to divide themselves into three groups. The older patients admitted will be grouped in the deaths and the younger patients will make up

TABLE 86. — *Marital Status of Admissions, Discharges and Deaths, 1935, of the Resident Population and of Patients Out on September 30, 1935: First and Readmissions, by Sex*

MARITAL STATUS	ADMISSIONS ¹						DISCHARGES ¹						DEATHS ¹											
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS								
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%								
Single	809	555	1,364	39.6	230	156	386	44.1	339	195	534	41.7	180	105	285	46.0	233	192	425	31.1	115	105	220	46.3
Married	703	656	1,359	39.5	175	186	361	41.2	284	306	590	46.0	136	130	266	43.0	286	178	464	33.9	72	88	160	33.7
Widowed	227	329	556	16.1	31	59	90	10.3	48	62	110	8.6	18	26	44	7.1	163	253	416	30.4	21	51	72	15.2
Divorced	55	40	95	2.8	17	11	28	3.2	18	11	29	2.3	9	5	14	2.3	22	17	39	2.9	4	7	11	2.3
Separated	36	25	61	1.8	5	6	11	1.2	12	5	17	1.3	6	4	10	1.6	14	7	21	1.5	4	7	11	2.3
Unknown	8	1	9	.2	—	—	—	—	—	1	1	.1	—	—	—	—	2	—	2	.2	1	—	1	.2
Total	1,838	1,606	3,444	100.0	458	418	876	100.0	701	580	1,281	100.0	349	270	619	100.0	720	647	1,367	100.0	217	258	475	100.0

MARITAL STATUS	RESIDENT POPULATION						PATIENTS OUT									
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS						
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
Single	3,955	2,841	6,796	56.1	4,088	2,913	7,001	60.3	436	355	791	47.4	200	229	429	49.2
Married	1,778	1,903	3,681	30.4	1,394	2,082	3,476	30.0	306	390	696	41.7	121	216	337	38.6
Widowed	422	777	1,199	9.9	195	474	669	5.8	39	77	116	7.0	15	42	57	6.5
Divorced	135	106	241	2.0	114	160	274	2.4	15	25	40	2.4	14	20	34	3.9
Separated	76	75	151	1.3	67	99	166	1.4	11	14	25	1.5	—	14	14	1.6
Unknown	32	9	41	.3	15	4	19	.1	—	—	—	—	—	1	1	.2
Total	6,398	5,711	12,109	100.0	5,873	5,732	11,605	100.0	807	861	1,668	100.0	350	522	872	100.0

¹First and readmissions by regular court commitment.

TABLE 87. — Average Age at Admission of Cases Admitted, Cases Discharged and Cases Dying during 1935, Compared with Average Admission Age of the Resident Population and Patients Out on September 30, 1935, by Mental Disorders

MENTAL DISORDERS	ADMISSIONS ¹		DISCHARGES ¹		DEATHS ¹		RESIDENT POPULATION		PATIENTS OUT	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis.	45.7	44.6	43.6	44.5	48.5	42.6	44.4	42.3	42.0	43.8
With other forms of syphilis	51.5	45.0	42.5	39.1	54.3	52.5	46.0	45.4	43.1	50.0
With epidemic encephalitis	24.2	20.8	33.5	22.5	13.0	15.2	30.1	32.9	22.2	40.0
With other infectious diseases	42.7	37.5	30.3	44.1	34.1	—	42.8	40.7	46.1	—
Alcoholic psychoses	47.3	49.5	44.2	49.9	51.5	53.1	47.7	48.5	46.8	47.3
Due to drugs, etc.	48.7	37.5	45.2	67.5	67.5	52.5	52.5	40.7	48.7	48.3
Traumatic psychoses	49.0	32.5	36.5	42.5	44.1	—	45.5	44.2	45.2	17.0
With cerebral arteriosclerosis	70.4	68.0	67.1	64.7	72.3	67.8	67.1	65.4	65.5	65.4
With other disturbances of circulation	55.9	57.5	58.6	—	59.1	37.5	55.3	53.0	49.4	55.0
With convulsive disorders (epilepsy)	35.9	40.2	35.0	39.3	39.4	39.6	34.4	36.9	29.3	34.0
Senile psychoses	75.4	72.0	71.2	63.7	70.6	60.4	71.8	69.0	68.0	63.0
Involuntary psychoses	52.5	54.1	52.2	52.5	56.5	55.0	52.9	51.0	51.9	55.0
Due to new growth	49.6	50.5	41.9	41.2	52.3	34.1	48.1	47.8	44.6	45.0
With organic changes of nervous system	48.9	44.3	44.0	—	44.5	57.5	47.5	45.0	—	—
Psychoneuroses	43.9	44.3	38.4	50.0	48.4	42.5	41.7	41.2	32.3	35.7
Manic-depressive psychoses	38.3	41.6	38.4	40.2	48.3	57.5	41.1	41.1	38.0	44.2
Dementia praecox	39.7	45.7	39.0	42.5	48.3	55.7	43.0	46.2	32.3	38.8
Paranoia and paranoid conditions	33.1	38.9	30.3	36.9	54.6	64.3	34.8	50.9	49.7	52.7
With psychopathic personality	49.2	51.7	48.8	39.2	53.7	42.5	49.7	38.0	30.6	37.0
With mental deficiency	31.8	38.3	32.0	31.3	42.2	44.0	36.3	36.6	32.7	37.9
Undiagnosed psychoses	37.3	37.3	32.6	33.8	47.5	—	33.8	36.6	37.0	62.2
Without psychoses	32.7	54.1	44.5	22.5	47.5	—	33.2	28.9	22.1	38.6
Primary behavior disorders	28.1	32.3	35.1	33.9	18.9	39.3	22.7	17.0	17.0	—
	17.6	32.5	20.0	32.5	—	—	29.0	17.0	—	—
Total	48.7	44.6	41.7	41.7	60.8	48.8	41.1	40.4	39.3	42.5

(See Tables 174-5, 215-16, 230-31, and 238-241 for detail).

¹First and readmissions by regular court commitment.

(a) cases discharged, and (b) cases in the resident population. When we come to the readmissions we find also that the older patients go to make up the deaths. The cases admitted at younger ages are divided differently. Of these younger admission age groups, those slightly older are among the discharges, and those slightly younger are apparently retained and take a place in the resident population. In both first and readmissions we observe the tendency for those admitted at the youngest ages to go to make up the resident population.

AVERAGE AGE AT ADMISSION, AT DISCHARGE AND AT DEATH OF COURT CASES,
1935, COMPARED WITH AVERAGE ADMISSION AGE AND AVERAGE PRESENT
AGE OF RESIDENT POPULATION AND PATIENTS OUT ON
SEPTEMBER 30, 1935

Table 88 outlines the average age at admission, at discharge, and at death of court cases, 1935, and also the average age of the resident population and patients out on September 30, 1935, by hospital. Comparing the totals in each of these groups we observe that the first admissions come into mental hospitals at an average age of 48.7 years, while the readmissions average 44.6 years. Among the discharges the first admissions presented an average age at discharge of 43.3 years, while the readmissions discharged showed an average of 44.2 years. The average ages at death are much higher, 64.4 years for first admissions and 60.1 years for readmissions. In the resident population we note that there is little difference between the age at admission of first admissions and readmissions, 41.1 years for the former and 40.4 years for the latter. In the present age of the resident population we note an average age of 48.7 years for first admissions and 50.6 years for readmissions. It is apparent in these differences that the readmissions are the cases staying for the longer periods. The patients out of the institutions on visit, etc., showed an average age at admission for the first admissions of 39.3 years, and 42.5 years for the readmissions. In the present age of this same group we observe that the first admissions record 41.3 years while the readmissions *out* present an average present age of 47.0 years. It is interesting to note that the average present age of first admissions *out* of institutions is 41.3 years as contrasted with the present age of 48.7 years for first admissions in the resident population. This shows quite definitely that the younger first admissions are those being placed on visit. Among the readmissions also we see that the average present age of 47.0 years for patients out is lower than the average present age of 50.6 years for the resident population. This shows us that, as in the case of the first admissions, the readmissions who are younger are the ones tending to be placed out on visit, etc.

Discussing the State hospitals only, we observe that the Boston State Hospital presents the highest average age at admission for first admissions, 55.1 years. Gardner is next with 50.9 years; Danvers next with 50.3 years, and Westborough next with 50.1 years. Among the readmissions, Foxborough, Grafton and Westborough show the highest average admission ages with 47.6 years, 47.3 years and 46.9 years, respectively. Among the first admissions discharged during the year, the Gardner State Hospital shows the highest average age at discharge of 50.5 years. Boston State is next with an average discharge age of 46.5 years, and Worcester third with 44.7 years. The Taunton State Hospital presents the highest discharge age of readmissions, that of 49.0 years, with Gardner and Worcester next in order, 46.0 years and 45.9 years, respectively. Among the deaths we find that the highest average age at death occurs at the Gardner State Hospital, 74.5 years. Among the readmissions dying, the highest average age is shown at Taunton with 65.4 years. In the resident population the highest average present ages are found at the Westborough State Hospital, Boston State Hospital, and Worcester State Hospital, 52.5 years, 52.2 years and 50.7 years, respectively. Among the readmissions the highest average present age of 55.6 years is noted at the Grafton State Hospital, with Medfield next, showing an average present age of 55.0 years. In the group of patients out of the hospitals, the highest average present age of first admissions, 51.0 years, is noted at the Gardner State Hospital with Worcester next in order, 43.9 years. Among the readmissions out at the end of the year the highest average present age of 57.0 years is found at the Gardner State Hospital.

TABLE 88. — *Average Age at Admission, at Discharge and at Death of Court Cases, 1935, and of the Resident Population and Patients Out on September 30, 1935, by First and Readmissions and Hospitals*

HOSPITALS	ADMISSIONS ¹		DISCHARGES ¹		DEATHS ¹		RESIDENT POPULATION				PATIENTS OUT			
	AGE AT ADMISSION		AGE AT DISCHARGE		AGE AT DEATH		FIRST ADMISSIONS		READMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission	Present Age
Boston State	55.1	43.7	46.5	43.7	67.5	59.0	45.4	52.2	39.8	50.9	42.1	44.2	41.8	44.6
Boston Psychopathic	37.3	36.0	37.5	32.5	40.2	—	35.9	35.9	40.1	40.1	38.6	39.3	42.0	42.0
Danvers	50.3	44.0	43.3	43.5	63.4	55.5	42.8	49.9	41.3	49.9	40.3	42.1	40.9	44.5
Foxborough	46.6	47.6	39.2	44.6	65.7	53.2	42.0	47.4	40.5	50.9	38.9	41.0	41.5	44.4
Gardner	50.9	43.0	50.5	46.0	74.5	60.7	44.1	49.6	38.5	51.5	48.0	51.0	45.5	57.0
Grafton	43.2	47.3	42.0	31.9	53.6	61.6	43.3	50.3	40.2	55.6	35.0	40.5	45.5	51.4
Medfield	47.1	45.0	44.0	44.6	63.9	65.9	44.5	49.0	40.1	55.0	37.8	39.0	43.4	43.4
Metropolitan	—	—	—	45.3	—	54.1	—	—	43.9	47.3	—	—	42.1	45.2
Northampton	49.0	45.9	41.9	44.5	72.4	64.0	43.5	50.0	43.8	52.0	40.4	42.4	41.7	43.6
Taunton	48.8	44.5	43.9	49.0	68.2	65.4	43.9	51.6	42.7	51.3	40.9	42.0	42.1	43.4
Westborough	50.1	46.9	43.2	44.9	66.6	64.4	45.5	52.5	44.6	52.6	40.4	43.5	43.1	46.9
Worcester	48.8	46.2	44.7	45.9	64.0	37.4	42.1	50.7	42.4	51.2	41.7	43.9	44.4	48.1
Monson	24.8	32.0	28.7	37.5	35.6	50.0	24.9	31.6	29.0	39.0	23.2	24.8	30.5	33.0
McLean	40.5	49.2	45.7	44.6	63.3	72.5	46.3	53.0	44.8	54.1	35.2	38.5	47.5	50.0
Bridgewater	38.4	49.2	39.2	37.5	59.5	55.8	34.9	50.1	36.3	51.2	38.3	48.3	51.0	45.0
Tewksbury	—	—	27.5	47.5	76.6	66.5	38.7	55.3	39.5	57.2	—	—	25.0	65.0
Vet. Adm. Fac. No. 107	46.0	43.3	41.8	44.5	48.7	40.8	37.6	42.6	37.7	42.2	37.0	39.6	40.1	43.4
Vet. Adm. Fac. No. 95	47.9	41.3	42.0	41.0	45.8	42.5	38.4	42.2	35.1	41.7	39.6	41.1	38.5	43.5
Total	48.7	44.6	43.3	44.2	64.4	60.1	41.1	48.7	40.4	50.6	39.3	41.3	42.5	47.9

(See Tables 178-9, 219-20, 228-9, and 242-249 inclusive, for detail).

¹First and readmissions by regular court commitment.

AVERAGE LENGTH OF HOSPITAL STAY, ALL FIRST ADMISSIONS AND READMISSIONS
IN RESIDENCE, SEPTEMBER 30, 1935

Of the total cases in residence, we observe that patients with dementia praecox have the longest average hospital stay, 11.40 years (Table 89 and Graph 7). Next in order are the psychoses due to drugs, 10.25 years; psychoses with mental deficiency, 10.07 years; and with convulsive disorders, epilepsy, 9.81 years. Probably it is no coincidence that these same psychoses tend to show the longest terms of residence during each statistical year. The shortest average periods of residence are observed in the psychoses with primary behavior disorders, .28 years; undiagnosed psychoses, 1.83 years; psychoses with cerebral arteriosclerosis, 3.10 years; psychoneuroses and neuroses, 3.45 years; and psychoses due to new growth, 3.84 years. The average length of stay for all psychoses is 9.34 years. It will be noted that the females have a slightly longer average residence than the males insofar as they have remained 9.47 years as compared with 9.23 years for the males.

In considering the average length of hospital stay for the first admissions in residence, we note that the total for all psychoses and both sexes is 8.17 years. There is a noticeable sex difference here, however, in that the males have remained longer than the females, or 8.31 years for males and 8.01 years for females, a difference of three months. Patients with dementia praecox have the longest hospital stay, 10.84 years, followed by psychoses with mental deficiency, 9.33 years; and alcoholic psychoses, 8.99 years. The shortest average periods of hospital residence are observed in psychoses with primary behavior disorders, .13 years; undiagnosed psychoses, 1.33 years; psychoneuroses, 2.81 years; and cerebral arteriosclerosis, 3.00 years.

In considering the average length of stay for readmissions in residence, we should recall that this does not include the time spent in institutions during previous admissions, but concerns the length of residence during *this* admission

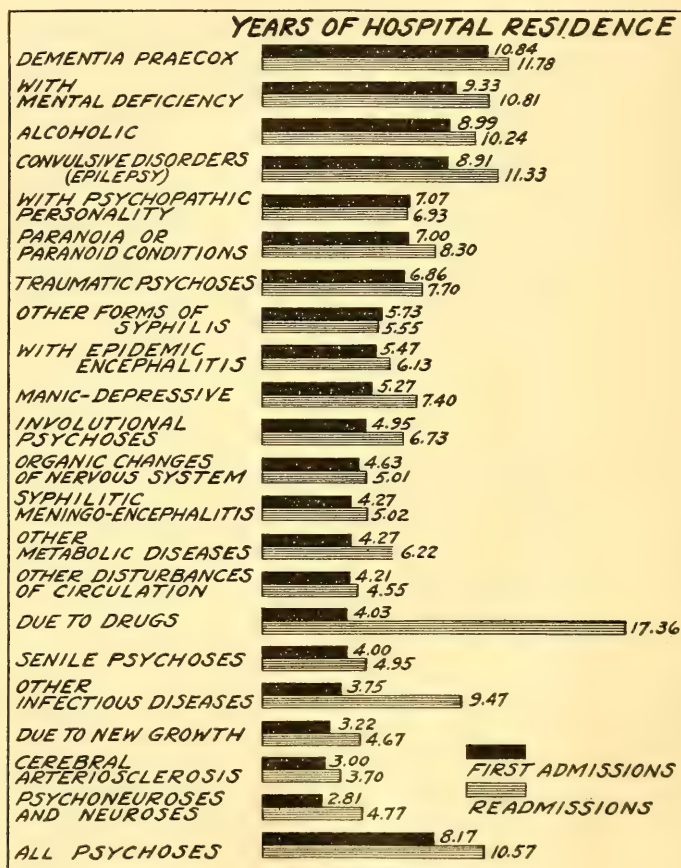
TABLE 89. — *Average Length of Hospital Stay during the PRESENT Admission, First Admissions and Readmissions in Residence on September 30, 1935, by Mental Disorders*¹

MENTAL DISORDERS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	4.32	5.43	4.55	4.07	4.91	4.27	4.71	6.73	5.02
With other forms of syphilis	4.95	7.71	5.67	5.07	7.85	5.73	4.71	7.50	5.55
With epidemic encephalitis	6.16	4.91	5.69	5.84	4.88	5.47	6.74	4.99	6.13
With other infectious diseases	8.16	3.47	5.70	6.81	1.45	3.75	10.19	8.83	9.47
Alcoholic psychoses	9.40	10.25	9.52	8.93	9.40	8.99	10.07	10.98	10.24
Due to drugs, etc.	7.93	14.90	10.25	2.04	10.00	4.03	16.75	18.17	17.36
Traumatic psychoses	7.30	6.51	7.16	7.78	3.56	6.86	6.57	21.25	7.70
With cerebral arteriosclerosis	2.80	3.42	3.10	2.70	3.31	3.00	3.38	4.05	3.70
With other disturbances of circulation	3.56	4.92	4.26	3.90	4.52	4.21	.81	7.04	4.55
With convulsive disorders (epilepsy)	9.10	10.55	9.81	8.17	9.62	8.91	10.53	12.24	11.33
Senile psychoses	3.64	4.44	4.13	3.66	4.22	4.00	3.49	5.76	4.95
Involutional psychoses	4.20	6.09	5.47	4.54	5.14	4.95	3.39	8.42	6.73
Due to other metabolic diseases, etc.	5.26	4.52	4.80	4.55	4.09	4.27	7.29	5.62	6.22
Due to new growth	6.31	2.85	3.84	.13	4.25	3.22	12.50	.75	4.67
With organic changes of nervous system	4.25	5.77	4.76	3.98	6.26	4.63	4.93	5.12	5.01
Psychoneuroses	3.56	3.39	3.45	3.14	2.62	2.81	4.42	4.95	4.77
Manic-depressive psychoses	5.86	6.84	6.45	5.01	5.45	5.27	6.60	7.90	7.40
Dementia praecox	11.39	11.42	11.40	11.34	10.30	10.84	11.43	12.12	11.78
Paranoia and paranoid conditions	6.92	7.77	7.52	5.79	7.51	7.00	8.54	8.19	8.30
With psychopathic personality	6.98	7.04	7.01	6.31	7.79	7.07	7.86	5.88	6.93
With mental deficiency	10.41	9.72	10.07	9.66	8.97	9.33	11.22	10.41	10.81
Undiagnosed psychoses	2.55	1.30	1.83	.94	1.20	1.33	3.89	1.35	2.34
Without psychoses	8.32	9.21	8.74	7.64	9.13	8.34	10.75	9.48	10.15
Primary behavior disorders	.33	.13	.28	.13	.13	.13	.75	—	.75
Total	9.23	9.47	9.34	8.31	8.01	8.17	10.23	10.92	10.57

(See Tables 250-252 for detail).

¹This table considers only the length of time spent in hospitals during the *present* admission.

only. In considering the total time spent in the hospital during *this* admission for readmissions in residence, we observe that the average length of stay is 10.57 years, over two years and four months longer than the average stay of first admissions in residence. Here we note that the females have a tendency to remain over seven months longer than the males, an average of 10.92 years as compared with 10.23 years for the males. It will be observed that this is the reverse of the situation noted among the first admission cases in which the males remain the longer time.



GRAPH 7.—AVERAGE LENGTH OF STAY IN YEARS OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE IN MENTAL HOSPITALS ON SEPTEMBER 30, 1935, BY PSYCHOSES.

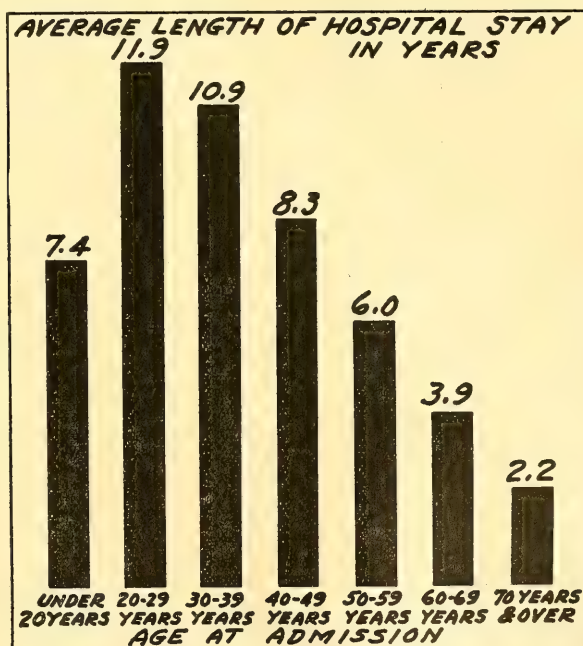
AVERAGE LENGTH OF HOSPITAL STAY OF ALL CASES IN RESIDENCE ON
SEPTEMBER 30, 1935, BY AGE AT ADMISSION

Table 90 and Graph 8 give the average length of stay during the present admission of all first and readmissions in the resident population by age at admission. First admissions in the resident group who are admitted under the age of 19 years remained in the institution an average of 6.6 years, while readmissions in the resident group remained an average of 10.8 years. First admissions and readmissions admitted in the age groups 20-29 years remained an average of 10.4 and 13.7 years, respectively. Those admitted between 30 and 39 years remained an average of 9.6 and 11.8 years, respectively. It will be observed that the average length of residence for each age group is greater for readmissions

in residence than for first admissions. This difference varies throughout the different age groups.

TABLE 90. -- *Average Length of Hospital Stay during the Present Admission, First Admissions and Readmissions in Residence on September 30, 1935, by Age at Admission*

AGE AT ADMISSION	AVERAGE LENGTH OF HOSPITAL STAY		
	All Admissions	First Admissions	Readmissions
Under 19 years	7.4	6.6	10.8
20-29 years	11.9	10.4	13.7
30-39 years	10.9	9.6	11.8
40-49 years	8.3	7.5	8.9
50-59 years	6.0	5.3	6.6
60-69 years	3.9	3.5	4.5
70-79 years	1.8	1.5	3.2
80-89 years . . . . .	.4	.4	-



GRAPH 8. — AVERAGE LENGTH OF HOSPITAL STAY OF CASES IN RESIDENCE ON SEPTEMBER 30, 1935, BY AGE AT ADMISSION.

AVERAGE LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS, AND PRESENT ADMISSION; ALL READMITTED CASES IN RESIDENCE

In Table 91 we analyze the readmissions in residence and study the length of hospital stay during the present admission together with the length of time spent in hospitals during previous admissions.

The average time in institutions during all admissions was 15.20 years. An average of 10.57 years, or 69.5 per cent of the total hospital residence was spent in hospitals during the present admission, and 4.63 years, or 30.5 per cent of the total hospital residence was spent in hospitals during *previous* admissions. The finding suggests that the early admissions of cases tending to be readmitted are

of comparatively short duration in comparison with the later admissions. We observed the same situation in dealing with the deaths in that we noted that the final admission during which the patient died tended to be very much longer than all previous admissions combined.

In considering the average time in hospitals during the *present* admission, we note that the psychoses with the longest average time in residence are: psychoses due to drugs, 17.36 years; dementia praecox, 11.78 years; with convulsive disorders, 11.33 years; with mental deficiency, 10.81 years; alcoholic psychoses, 10.24 years; and without psychoses, 10.15 years. The psychoses with cerebral arteriosclerosis, 3.70 years; the undiagnosed psychoses, 2.34 years, and primary behavior disorders, .75 years remained the shortest time during the present admission. A sex difference is observed in that the females have been in residence over seven months longer, on the average, than the males; that is, 10.92 years as compared with 10.23 years.

TABLE 91. — *Average Length of Hospital Stay during Previous Admissions and the Present Admission: Readmitted Cases in Residence September 30, 1935, by Mental Disorders*

MENTAL DISORDERS	Time in Institution during Previous Admissions			Time in Institution during Present Admission			Time in Institution during All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	1.63	2.54	1.77	4.71	6.73	5.02	6.34	9.27	6.79
With other forms of syphilis	2.19	4.30	2.83	4.71	7.50	5.55	6.90	11.80	8.38
With epidemic encephalitis	2.72	2.08	2.50	6.74	4.99	6.13	9.46	7.07	8.63
With other infectious diseases	2.31	.33	1.46	10.19	8.83	9.47	12.50	9.16	10.93
Alcoholic psychoses	4.20	4.30	4.21	10.07	10.97	10.24	14.27	15.27	14.45
Due to drugs, etc.	3.97	3.58	3.80	16.75	18.17	17.36	20.72	21.75	21.16
Traumatic psychoses	1.76	4.50	1.97	6.57	21.25	7.70	8.33	25.75	9.67
With cerebral arteriosclerosis	2.89	2.98	2.93	3.38	4.05	3.70	6.27	7.03	6.63
With other disturbances of circulation	4.50	1.00	2.40	.81	7.04	4.55	5.31	8.04	6.95
With convulsive disorders (epilepsy)	3.25	3.07	3.17	10.53	12.24	11.33	13.78	15.31	14.50
Senile psychoses	2.73	2.14	2.35	3.49	5.76	4.95	6.22	7.90	7.30
Involutional psychoses	1.77	2.48	2.25	3.39	8.42	6.73	5.16	10.90	8.98
Due to other metabolic diseases, etc.	1.94	1.88	1.91	7.29	5.62	6.22	9.23	7.50	8.13
Due to new growth	1.50	3.94	3.13	12.50	.75	4.67	14.00	4.69	7.80
With organic changes of nervous system	2.21	3.93	2.95	4.93	5.12	5.01	7.14	9.05	7.96
Psychoneuroses	1.97	2.33	2.20	4.42	4.95	4.77	6.39	7.28	6.97
Manic-depressive psychoses	2.92	3.72	3.41	6.60	7.90	7.40	9.52	11.62	10.81
Dementia praecox	4.93	5.57	5.26	11.43	12.12	11.78	16.36	17.69	17.04
Paranoia and paranoid conditions	4.00	3.37	3.57	8.54	8.19	8.30	12.54	11.56	11.87
With psychopathic personality	2.81	4.84	3.76	7.86	5.88	6.93	10.67	10.72	10.69
With mental deficiency	7.34	6.92	7.13	11.22	10.41	10.81	18.56	17.33	17.94
Undiagnosed psychoses	2.85	7.25	5.53	3.89	1.35	2.34	6.74	8.60	7.87
Without psychoses	3.71	4.07	3.88	10.75	9.48	10.15	14.46	13.55	14.03
Primary behavior disorders	1.50	—	1.50	.75	—	.75	2.25	—	2.25
Total	4.35	4.92	4.63	10.23	10.92	10.57	14.58	15.84	15.20

(See Tables 252 and 253 for detail).

In considering these readmissions in the light of the total time within institutions during *all* admissions, we observe that the longest period of hospital residence during all admissions, occurs in psychoses due to drugs, 21.16 years. The other psychoses in order of frequency are: with mental deficiency, 17.94 years; dementia praecox, 17.04 years; with convulsive disorders (epilepsy), 14.50 years; and alcoholic psychoses, 14.45 years. The psychoses showing the shortest total average length of stay are: primary behavior disorders, 2.25 years; cerebral arteriosclerosis, 6.63 years; syphilitic meningo-encephalitis, 6.79 years; other disturbances of circulation, 6.95 years; and psychoneuroses, 6.97 years. In this group we observe a tendency for the female readmissions to average 1.26 years longer in institutions than males, 15.84 years as compared with 14.58 years.

ADMISSION AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

The total number of patients resident in mental hospitals on September 30, 1935, was 23,714. Twelve thousand one hundred nine of these resident cases, or 51 per cent, were first admissions, while 11,605 or 49 per cent were readmissions (Table 92). This is in marked contrast to the admissions of any current year which are made up approximately of 80 per cent of first admissions and 20 per cent of readmissions.

The average age at admission for all cases in the resident population is 40.8 years for both sexes: 39.4 for the males and 42.2 for the females. When we compared the first admissions for the year 1935, we found that the females averaged .9 years older than the males. In the resident population we observe that the sex difference in admission age of first admissions is 2.7 years, the females again being the older.

TABLE 92. — *Admission Ages of First Admissions and Readmissions in the Resident Population September 30, 1935*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	821	675	1,496	663	538	1,201	158	137	295
20-29 years	2,733	1,873	4,606	1,482	987	2,469	1,251	886	2,137
30-39 years	3,448	2,816	6,264	1,413	1,189	2,602	2,035	1,627	3,662
40-49 years	2,524	2,794	5,318	1,168	1,170	2,338	1,356	1,624	2,980
50-59 years	1,507	1,896	3,403	783	885	1,668	724	1,011	1,735
60-69 years	840	878	1,718	551	520	1,071	289	358	647
70-79 years	327	405	732	271	328	599	56	77	133
80-89 years	68	99	167	64	88	152	4	11	15
90 years and over	3	7	10	3	6	9	—	1	1
Total	12,271	11,443	23,714	6,398	5,711	12,109	5,873	5,732	11,605
Average admission age	39.4	42.2	40.8	39.8	42.5	41.1	39.0	41.9	40.4

(See Tables 242 and 243 for detail).

The resident first admissions present 2,602 patients admitted between the ages 30-39 years. The admission age group 20-29 years is second with 2,469 patients. The age group 40-49 years is third with 2,338 admitted. We note a sharp reduction in the numbers admitted in the following age groups. The average admission age for both sexes is 41.1 years: 39.8 years for the males and 42.5 years for the females. We see here a sex difference of 2.7 years, the females presenting a higher average age at admission.

Among the readmissions we note that the modal admission age again falls in the age group 30-39 years. The average admission age for both sexes for all readmissions is 40.4 years: for males 39.0 years and for females 41.9 years. We notice here that the observed sex difference is 2.9 years. We note also that the average age at admission for readmissions is slightly less than the average age for first admissions in residence.

PRESENT AGES OF ALL FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE

Table 93 shows the *present* age distribution of first and readmissions in the resident population of our mental hospitals on September 30, 1935. Here it will be observed that the average present age of all cases is 49.5 years, or 8.7 years higher than the average age at admission, 40.8 years. The average present age of females is 3.0 years more than that of males, 51.1 years as against 48.1 years. However, the average age at admission was likewise nearly three years later for females.

The average present age of first admissions in the resident population is 48.7 years, while that of the readmissions is 50.6 years. Although the average *admission* age of readmissions was less than that of first admissions (Table 92) we note here that the situation is reversed and the average *present* age of readmissions is higher than that of first admissions. It is evident that readmissions not only come into mental hospitals at earlier ages, but they remain in residence for a longer period than do the first admissions.

TABLE 93. — *Present Ages of First Admissions and Readmissions in the Resident Population September 30, 1935*

PRESENT AGE	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years	365	309	674	323	264	587	42	45	87
20-29 years	1,076	826	1,902	760	550	1,310	316	276	592
30-39 years	2,314	1,631	3,945	1,134	869	2,003	1,180	762	1,942
40-49 years	3,170	2,590	5,760	1,349	1,190	2,539	1,821	1,400	3,221
50-59 years	2,570	2,668	5,238	1,275	1,155	2,430	1,295	1,513	2,808
60-69 years	1,751	2,024	3,775	924	894	1,818	827	1,130	1,957
70-79 years	859	1,104	1,963	511	601	1,112	348	503	851
80-89 years	157	270	427	113	174	287	44	96	140
90 yrs. and over	9	21	30	9	14	23	—	7	7
Total	12,271	11,443	23,714	6,398	5,711	12,109	5,873	5,732	11,605
Average Present Age	48.1	51.1	49.5	47.4	49.9	48.7	48.8	52.4	50.6

(See Tables 244 and 245 for detail).

TABLE 94. — *Average Admission Age and Average Present Age of Resident Population on September 30, 1935: First Admissions and Readmissions, by Mental Disorders*

MENTAL DISORDERS	FIRST ADMISSIONS			READMISSIONS		
	Number	Average Admission Age	Average Present Age	Number	Average Admission Age	Average Present Age
With syphilitic meningo-encephalitis	455	44.4	48.6	270	42.3	46.5
With other forms of syphilis	80	46.0	51.7	43	45.4	51.2
With epidemic encephalitis	67	30.1	34.3	34	32.9	38.3
With other infectious diseases	14	42.8	45.7	7	40.7	46.4
Alcoholic psychoses	770	47.7	56.2	569	48.5	58.2
Due to drugs, etc.	8	52.5	57.5	7	40.7	56.4
Traumatic psychoses	46	45.5	52.4	26	44.2	50.7
With cerebral arteriosclerosis	954	67.1	69.6	163	65.4	69.0
With other disturbances of circulation	32	55.3	59.0	5	53.0	55.0
With convulsive disorders (epilepsy)	592	34.4	42.7	352	36.9	48.1
Senile psychoses	530	71.8	74.1	84	69.0	73.2
Involuntary psychoses	352	52.9	57.0	146	54.0	60.3
Due to other metabolic diseases, etc.	67	48.1	51.2	25	47.8	53.0
Due to new growth	4	47.5	50.0	3	45.0	51.6
With organic changes of nervous system	129	41.7	46.2	65	41.2	46.5
Psychoneuroses	107	41.1	42.1	52	41.1	46.2
Manic-depressive psychoses	836	43.0	47.5	1,042	46.2	53.2
Dementia praecox	4,826	34.8	45.2	7,255	38.4	49.8
Paranoia and paranoid conditions	355	49.7	56.4	232	50.9	58.9
With psychopathic personality	115	36.3	42.2	81	38.0	44.6
With mental deficiency	876	33.8	42.9	873	36.6	47.0
Undiagnosed psychoses	15	33.2	33.9	23	41.9	44.1
Without psychoses	876	22.7	28.7	247	28.9	37.4
Primary behavior disorders	3	29.0	29.0	1	17.0	25.0
Total	12,109	41.1	48.7	11,605	40.4	50.6

(See Tables 238 and 240 for detail).

ADMISSION AGE AND PRESENT AGE OF RESIDENT POPULATION,
SEPTEMBER 30, 1935, BY FIRST AND READMISSIONS AND PSYCHOSES

In Table 94 we divide the resident population into first and readmissions, and show the average age at admission and the average present age for the various psychoses. The 12,109 first admissions in residence show an average admission age of 41.1 years, their average present age being 48.7 years. The 11,605 readmissions in residence show an average admission age of 40.4 years, and an average present age of 50.6 years. The first admissions in residence have a difference of 7.6 years between the admission age and the present age. The readmissions in residence have a difference of 10.2 years between their admission and present ages. Thus, we observe that the readmissions have remained nearly three years longer than the first admissions.

TABLE 95. — Color in Cases in Residence in Mental Hospitals on September 30, 1935, by Mental Disorders: Percentage Distribution

MENTAL DISORDERS	TOTAL		WHITE		BLACK		MULATTO		YELLOW		OTHERS	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	725	3.1	693	3.0	19	4.4	10	9.4	—	—	3	7.0
With syphilitic meningo-encephalitis	123	.5	111	.5	7	1.6	3	2.8	1	4.2	1	2.3
With other forms of syphilis	101	.4	99	.4	2	.5	—	—	—	—	—	—
With epidemic encephalitis	21	.1	20	.1	1	.2	—	—	—	—	—	—
With other infectious diseases	1,339	5.6	1,302	5.6	31	7.1	4	3.8	—	—	2	4.7
Alcoholic psychoses	15	.1	15	.1	—	—	—	—	—	—	—	—
Due to drugs, etc.	72	.3	71	.3	1	.2	—	—	—	—	—	—
Traumatic psychoses	1,117	4.7	1,081	4.7	33	7.7	1	.9	1	4.2	1	2.3
With cerebral arteriosclerosis	37	.2	37	.2	—	—	—	—	—	—	—	—
With other disturbances of circulation	944	4.0	928	4.0	11	2.5	4	3.8	—	—	1	2.3
With convulsive disorders (epilepsy)	614	2.6	602	2.6	7	1.6	3	2.8	2	8.3	—	—
Semile psychoses	498	2.1	395	2.1	7	1.6	2	1.9	—	—	1	2.3
Involuntary psychoses	92	.4	90	.4	1	.2	—	—	—	—	1	2.3
Due to other metabolic diseases, etc.	7	.03	6	.03	1	.2	—	—	—	—	—	—
Due to new growth	194	.8	192	.8	2	.5	—	—	—	—	—	—
With organic changes of nervous system	159	.7	159	.7	—	—	—	—	—	—	—	—
Psychoneuroses	1,878	7.9	1,837	7.9	28	6.5	7	6.6	2	8.3	4	9.3
Manic-depressive psychoses	12,081	50.9	11,760	50.9	221	50.9	61	57.6	16	66.6	23	53.5
Dementia praecox	587	2.5	574	2.5	12	2.8	—	—	—	—	1	2.3
Paranoia and paranoid conditions	196	.8	189	.8	6	1.4	1	.9	—	—	—	—
With psychopathic personality	1,749	7.4	1,707	7.4	34	7.8	4	3.8	1	4.2	3	7.0
With mental deficiency	38	.2	37	.2	—	—	—	—	1	4.2	—	—
Undiagnosed psychoses	1,123	4.7	1,098	4.8	17	3.9	6	5.7	—	—	2	4.7
Without psychoses	4	.02	4	.02	—	—	—	—	—	—	—	—
Primary behavior disorders												
Total	23,714	100.0	23,107	100.0	434	100.0	106	100.0	24	100.0	43	100.0

(See Table 254 for detail).

The 4,826 first admissions in residence with a diagnosis of dementia praecox reveal an admission age of 34.8 years and a present age of 45.2 years. The 7,255 readmissions in the dementia praecox group show an average admission age of 38.4 years, and a present age of 49.8 years. The group second in importance numerically, the manic-depressive psychoses, show that the 836 first admissions had an average admission age of 43.0 years, and an average present age of 47.5 years. The 1,042 manic-depressive readmissions in residence show an average admission age of 46.2 years, and a present age of 53.2 years. The third group in numerical importance, psychoses with mental deficiency, shows that the 876 first admissions have an average admission age of 33.8 years, and an average present age of 42.9 years. The 873 readmissions in this group show an average admission age of 36.6 years, and an average present age of 47.0 years.

COLOR IN PATIENTS RESIDENT IN MENTAL HOSPITALS,
SEPTEMBER 30, 1935

Table 95 refers to the color of cases in residence in mental hospitals. The percentage distributions allow us to compare the occurrence of certain psychoses in the different color groups.

In the group with syphilitic meningo-encephalitis we observe an occurrence of 3.0 per cent in the whites, 4.4 per cent in the blacks and 9.4 per cent in the mulattoes. In the group other forms of syphilis we observe .5 per cent in the whites, 1.6 per cent in the blacks, 2.8 per cent in the mulattoes, and 4.2 per cent in the yellows. In the alcoholic psychoses the whites show 5.6 per cent, the blacks 7.1 per cent and the mulattoes 3.8 per cent. It appears that the blacks are more susceptible and the mulattoes less susceptible to alcoholic psychoses than are the whites. In the manic-depressive group the whites show an occurrence of 7.9 per cent, the blacks 6.5 per cent, the mulattoes 6.6 per cent, and the yellows, 8.3 per cent. Here the blacks and the mulattoes seem less susceptible and the yellows more susceptible than the whites to this particular psychosis. In dementia praecox the occurrence among the whites is 50.9 per cent, among the blacks 50.9 per cent, among the mulattoes 57.6 per cent, and among the yellows 66.6 per cent.

The yellow races show higher percentages than the whites in the clinical groups involving syphilis although the number of cases concerned was very small. They are also higher than the whites in the senile psychoses and the manic-depressive psychoses. They also show a higher percentage in dementia praecox. We observe that the mulattoes and blacks together present a total of 540 cases. This is 2.3 per cent of the resident population of all mental hospitals. The colored population in Massachusetts in accordance with the 1930 Census is 2.1 per cent.

COMPARISON BETWEEN COUNTRY OF BIRTH OF FIRST COURT ADMISSIONS, 1935,
AND RESIDENT POPULATION SEPTEMBER 30, 1935

Table 96 compares the nativity of first admissions during 1935 with the nativity of cases in residence at the end of the statistical year. The first admissions measure simply the intake of a single year, while the cases in residence represent the accumulation from the admissions of many previous years. However, the resident population does show us the tendency of patients from certain countries to be retained in the resident population rather than returned to the community. In this table we have arranged both of these items in order of importance. Austria takes first position in both first admissions and in the resident population. However, the other countries do not preserve the same relative positions. Portugal, Germany, United States, Italy, Canada, England and Scotland occupy lower positions in the resident population than they did in the first admissions for 1935. On the other hand, Finland, Ireland, Russia, Poland, Greece and Sweden occupy higher positions in the resident population. This table of course cannot be used in drawing any definite conclusions owing to the possible fluctuations in the positions of various countries in the first admissions from year to year.

TABLE 96. — *Country of Birth,¹ Court First Admissions, 1935, and Resident Population September 30, 1935: Rates per 100,000 of State Population of Same Country of Birth 15 Years of Age and Over, 1930 Census*

RATES PER 100,000 STATE POPULATION SAME COUNTRY OF BIRTH

COUNTRY OF BIRTH	FIRST ADMISSIONS 1935		COUNTRY OF BIRTH	CASES IN RESIDENCE	
	Number	Rate		Number	Rate
Austria	11	259.	Austria	174	4,099.
Portugal	49	201.	Finland	158	1,224.
Germany	33	163.	Ireland	1,870	1,185.
Ireland	245	155.	Russia	777	1,155.
Italy	147	119.	Portugal	223	914.
England	85	110.	Germany	185	914.
United States	2,222	108.	Poland	607	854.
Canada ²	303	106.	United States	15,330	747.
Poland	75	105.	Greece	125	753.
Finland	13	100.	Sweden	269	740.
Russia	67	99.	England	500	649.
Greece	16	96.	Italy	786	636.
Scotland	30	95.	Canada ²	1,749	614.
Sweden	34	93.	Scotland	147	468.
All other countries	114	110.	All other countries	814	791.
Total	3,444	111.	Total	23,714	769.

(See Table 237 for detail).

¹Countries included in this table are those having one hundred or more patients in the resident population.

²Includes Newfoundland.

TABLE 97. — *County of Residence and Rates per 100,000 of (1) All Patients Remaining Within Institutions on September 30, 1935; (2) Patients Admitted to All Hospitals during the Year Ended September 30, 1935*

COUNTIES	CASES REMAINING WITHIN INSTITUTIONS			Rate per 100,000 Population Same County ¹	ALL ADMISSIONS DURING YEAR ²			Rate per 100,000 Population Same County
	M.	F.	T.		M.	F.	T.	
Suffolk	3,042	3,347	6,389	700.	1,237	1,105	2,342	256.
Nantucket	12	9	21	600.	3	2	5	143.
Hampshire	243	187	430	579.	69	53	122	164.
Hampden	905	954	1,859	557.	219	184	403	120.
Dukes	17	13	30	526.	9	3	12	210.
Berkshire	330	302	632	521.	66	62	128	105.
Plymouth	489	373	862	518.	130	88	218	131.
Essex	1,335	1,169	2,504	496.	412	304	716	141.
Bristol	895	883	1,778	485.	233	180	413	112.
Franklin	149	98	247	483.	38	21	59	115.
Worcester	1,291	1,085	2,376	479.	388	306	694	140.
Middlesex	2,056	2,210	4,266	444.	808	715	1,523	158.
Norfolk	589	626	1,215	378.	259	214	473	147.
Barnstable	63	75	138	376.	24	20	44	120.
Non-resident of State	648	100	748	—	223	51	274	—
Unknown	207	12	219	—	27	8	35	—
Total	12,271	11,443	23,714	545.	4,145	3,316	7,461	171.

(See Table 257 for detail on resident population).

¹Population of each county, Massachusetts Decennial Census, 1935.

²Excludes transfers, but includes first and readmissions under all legal forms.

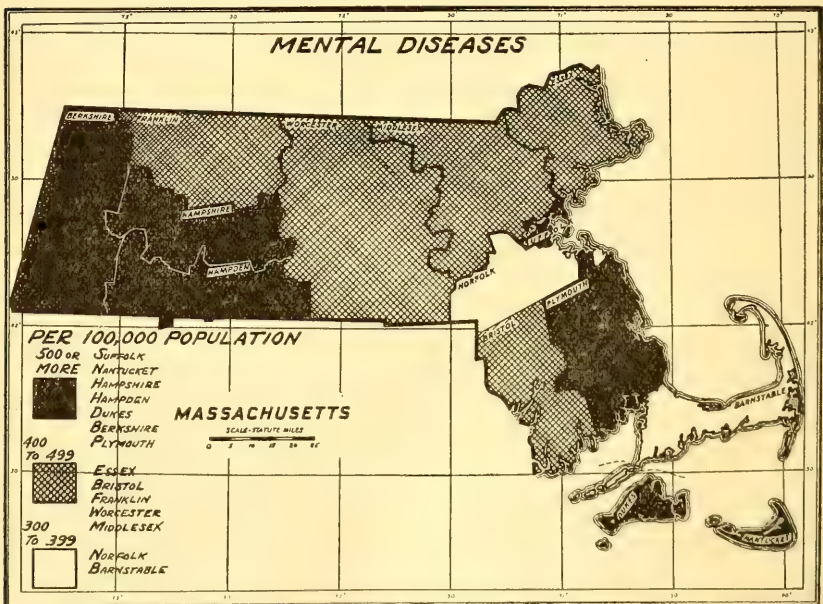
COUNTY OF RESIDENCE: RESIDENT POPULATION, SEPTEMBER 30, 1935, AND ALL ADMISSIONS DURING 1935

Table 97 and Graph 9 give the county of residence and the rate per 100,000 population of the same county for (1) all patients remaining *within institutions* on September 30, 1935; and (2) all patients *admitted* to all mental hospitals during the year 1935. Let us first consider the resident population in mental hospitals on September 30, 1935. Suffolk County has the highest figure with 700 persons in residence in mental hospitals on September 30, 1935, per 100,000 population of that county for 1935. Nantucket follows with 600, and Hampshire is third with 579. The following counties have the lowest rates for cases in residence:

Middlesex, 444; Norfolk, 378; and Barnstable, 376. The total rate for all counties is 545 persons in mental hospitals per 100,000 of the State population.

In considering admissions we find the highest rate again for Suffolk County. Two hundred fifty-six persons per 100,000 of the population of this county were admitted to our mental hospitals during the year 1935. Dukes and Hampshire are next in order with 210 persons per 100,000 population and 164 persons, respectively. The lowest rates for admissions are observed in Berkshire County, 105 persons, Bristol County, 112 persons, and Franklin County, 115 persons. The total admission rate for all counties is 171 persons per 100,000 of the State population.

Graph 9 presents the patients in residence in State hospitals for mental diseases on September 30, 1935 in rates per 100,000 of the population of the same county. This method displays graphically the counties having the largest proportional representations among our mental hospitals. As has been mentioned in the preceding paragraphs, Suffolk, Nantucket, Hampshire, Hampden, Dukes, Berkshire and Plymouth show the highest rates (over 500 per 100,000) for mental disease in State hospitals; and Essex, Bristol, Franklin, Worcester and Middlesex are in second position (between 400 and 499 persons).



GRAPH 9.—PATIENTS IN RESIDENCE IN MENTAL HOSPITALS, 1935. RATES PER 100,000 POPULATION OF SAME COUNTY.

If we attempt to explain the incidence of mental disease on a population concentration basis, we would expect to see this somewhat in evidence in counties containing cities with a population of over 100,000 persons, such as Springfield (Hampden County), Worcester (Worcester County), and Lynn (Essex County). However, we find that Suffolk County, containing the city of Boston, and Hampden County, containing the city of Springfield are the only counties conforming to this hypothesis. Hampshire is in third position, and yet this county contains but one city, and that has population less than 25,000 (1930). These conflicting results force us to turn to other factors than population concentration as a solution to the present situation in reference to mental disease in Massachusetts.

MENTALLY DEFICIENT

Section F. General Discussion of All Classes Under Care in State Schools for the Mentally Deficient, 1935

Section F is devoted to the general discussion of all classes of the mentally deficient under care in public and private schools for the year 1935.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT

SEPTEMBER 30, 1935.

Table 98 shows that the total number of mentally deficient patients in both public and private institutions at the end of the statistical year was 5,212 actually within the institutions, and 5,831 on the books of the various schools, including 182 cases supervised by the Division of Mental Deficiency. The State schools had 5,009 patients actually within institutions, and 5,444 patients on the books. The Belchertown State School had a total of 1,287 actually within the institution and 1,412 on the books. The Walter E. Fernald State School had 1,839 patients actually within the institution and 1,968 on the books. The Wrentham State School had 1,883 actually within the institution and 2,064 on the books. One hundred and eighty-two mentally defective individuals were supervised by the Division of Mental Deficiency during the year. Seven private schools had 203 patients actually within institutions and 205 on the books at the end of the statistical year.

TABLE 98. — *Number of Patients in Public and Private Schools for the Mentally Defective September 30, 1935, by School*

SCHOOLS	ACTUALLY IN THE INSTITUTIONS	ON THE BOOKS
State:		
Belchertown	1,287	1,412
Walter E. Fernald	1,839	1,968
Wrentham	1,883	2,064
Total	5,009	5,444
Mental Defectives Supervised by Division of Mental Deficiency .	—	182
Private:		
Elm Hill	21	21
Mentally Defective in Hospital Cottages	119	121
Ring Sanatorium and Hospital, Inc.	—	—
Standish Manor	5	5
Perkins School of Adjustment	36	36
The Freer School	9	9
Clarke School	13	13
Total	203	205
Total, all patients	5,212	5,831

NOTE: In addition to the above, there were 1,864 cases on the books of mental hospitals on September 30, 1935 who were diagnosed as "psychoses with mental deficiency", and 1,038 diagnosed as "without psychoses — mental deficiency".

Comparing the figure of 5,212 actually within State institutions for 1935 with the figure of 5,112 for 1934, we observe an increase of 1.9 per cent. The rate per 100,000 of the population for 1935 was 119.7 for patients actually within institutions; for the grand total of 5,831 patients it was 134.0. These rates do not accurately picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year 1935.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFECTIVE, 1904-1935, INCLUSIVE

Table 99 gives the total number of cases who entered the State schools during each year, 1904-1935, inclusive. This table includes all first admissions and all readmissions, irrespective of the legal form of admission. It does not include transfers, however. Considering the Walter E. Fernald State School alone, we observe that the largest number of cases were admitted in 1905, 1909 and 1923 with 282, 275 and 323 admissions, respectively. Wrentham State School admitted the most cases in 1916, 482 patients. The next years in order were 1914, 240

admissions, and 1921, 238 admissions. Belchertown State School admitted the greatest number in 1931, 202 cases and the fewest in 1929, 54 cases.

TABLE 99. — *All Admissions from the Community¹ to Schools for the Mentally Defective*

YEAR	TOTAL	WALTER E. FERNALD	WRENTHAM	BELCHERTOWN
1904	100	100	—	—
1905	282	282	—	—
1906	187	187	—	—
1907	215	215	—	—
1908	273	273	—	—
1909	275	275	—	—
1910	377	250	127	—
1911	266	188	78	—
1912	361	190	171	—
1913	228	192	36	—
1914	468	228	240	—
1915	322	231	91	—
1916	667	185	482	—
1917	363	195	168	—
1918	418	190	228	—
1919	372	230	142	—
1920	356	220	136	—
1921	414	176	238	—
1922	283	174	109	—
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
1931	461	88	171	202
1932	369	109	141	119
1933	478	183	219	76
1934	471	157	213	101
1935	392	125	173	94
Total	11,860	6,061	4,362	1,437

¹Transfers not included.

Considering the totals for three schools, we observe that the largest number of cases were admitted in 1916, with 667 cases, and in 1923 with 586 cases. Observing particularly the period from 1923 onward, during which each of the three State schools were receiving patients, we note a steady decrease from a total of 586 admissions in 1923 to 304 admissions in 1929. During 1930 and 1931, however, there was a large increase in the number of admissions, this being largely due to the increase of patients at the Belchertown State School. The year 1932 showed a decrease in admissions, 369 cases as against 461 in 1931. This decrease is most evident at the Wrentham and Belchertown State Schools. The year 1933 showed a decided increase in admissions to 478 and the year 1934 a further decrease to 471. The figure for 1935 shows a decrease of 79 over that for the preceding year.

During the entire 32-year period a total of 11,860 cases were admitted to all State schools. Six thousand and sixty-one cases were admitted to the Walter E. Fernald State School, or an average of 189.4 admissions per year. During the last 26 years, 4,362 cases have been admitted to the Wrentham State School, or an average of 167.7 admissions per year. Over the 13-year period 1923-1935, a total of 1,437 patients were admitted to the Belchertown State School, or an average of 110.5 admissions per year. As the present capacities of both Wrentham and Belchertown are smaller than the capacity of the Walter E. Fernald State School, this necessarily limits their admission averages.

ALL ADMISSIONS TO STATE SCHOOLS, 1904-1935, INCLUSIVE, AND
RATIO PER 100,000 OF THE POPULATION

Table 100 shows the total number of admissions to State schools for the years 1904-1935, inclusive, by sex, and the rate of admissions per 100,000 of the general population for each year. In general, we may say that the rate has been higher during the latter years when compared with the earlier years of this period. Thus,

the rate for the years 1904-1908 is approximately 6. The rate for the years 1926-1935 is approximately 9. The number of admissions is somewhat dependent upon the available accommodation. It will be noted that the years 1923-1925, inclusive, are quite high, this being due to the opening of the Belchertown State School. The rate of 10 admissions per 100,000 of the population for 1930 and 1931 is a decided increase over the rate of 7 for 1929. There was a drop in 1932 to a rate of 8. This rose during 1933 and 1934, however, to a rate of 10. In 1935 we find a drop to 9. It is interesting to observe that the rates for males are higher than the rates for females in all but 7 years of this period.

TABLE 100. — *Number of Patients Admitted to State Schools for Mental Defectives, and Ratio per 100,000 Population, 1904-1935, Inclusive*

YEAR	NUMBER OF ADMISSIONS ¹			NUMBER OF ADMISSIONS PER 100,000 POPULATION ²		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.
1931	211	250	461	10.	11.	10.
1932	166	203	369	8.	9.	8.
1933	260	218	478	12.	9.	10.
1934	227	244	471	10.	10.	10.
1935	203	189	392	9.	8.	9.

¹Does not include transfers.

²Population estimated for each intercensal year.

CASES IN RESIDENCE IN STATE SCHOOLS, 1904-1935

Table 101 reveals the number of patients in residence in State schools and the rates per 100,000 of the population for the years 1904-1935, by sex. In this table we observe a gradual but steady increase from a rate of 27 patients in residence per 100,000 of the population in 1904, to a rate of 115 in the year 1935. This table demonstrates very strikingly the increasing burden upon the State for the care of the mental defective. Since 1904 the rate for patients in residence has more than quadrupled itself. From 1904 to 1921, inclusive, the males showed higher rates for patients in residence. From 1922, onward, however, there has been a fairly even balance preserved between the sexes. In other words, the female mental defective has become more of a problem and has required more institutional provision since 1922 than in the years preceding. During the last five years the rates for the females have exceeded those of the males.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT", "ON PAROLE" AND "ON ESCAPE" FROM STATE SCHOOLS, 1904-1935

Table 102 shows that the lowest percentage of patients "on visit" and "on parole" was 4.8 per cent and occurred in 1910. There was a gradual increase in the percentage over the following years until the high percentage of 13.7 per

cent was reached in 1924. Since that time there has been a steady decline. Since the year 1928 it has been possible to differentiate the cases "on visit", "on parole" and "on escape." It will be noted that the percentage "on visit" has shown a tendency to increase during the last two years. The same is true for the percentages "on parole." The percentage of patients "on escape" at the end of each statistical year varied from the low figure of .4 per cent in 1910 to the high point of 2.8 per cent in 1919. There has not been much variation over the last six years. In 1935 there was a decided drop in the number and percentage of patients on escape. This was due to a new Department regulation requiring the discharge of patients who had been on escape for one year or over.

TABLE 101. — *Number of Patients in Residence in State Schools for Mental Defectives, on September 30 of each year, 1904-1935, Inclusive: Rates per 100,000 Population*

YEAR	RESIDENT PATIENTS IN STATE SCHOOLS			RATES PER 100,000 POPULATION		
	M.	F.	T.	M.	F.	T.
1904	513	334	847	34.	21.	27.
1905	617	411	1,028	40.	26.	33.
1906	668	452	1,120	43.	28.	35.
1907	713	515	1,228	45.	31.	38.
1908	793	539	1,332	49.	32.	40.
1909	856	587	1,443	52.	34.	43.
1910	915	652	1,567	55.	38.	46.
1911	968	674	1,642	57.	38.	48.
1912	1,049	796	1,845	61.	45.	53.
1913	1,091	829	1,920	63.	46.	54.
1914	1,227	967	2,194	70.	53.	61.
1915	1,292	1,016	2,308	72.	55.	63.
1916	1,376	1,206	2,582	76.	65.	70.
1917	1,419	1,254	2,673	77.	66.	72.
1918	1,431	1,332	2,763	77.	69.	73.
1919	1,432	1,307	2,739	76.	67.	71.
1920	1,452	1,368	2,820	76.	69.	73.
1921	1,466	1,475	2,941	76.	74.	75.
1922	1,389	1,460	2,849	72.	72.	72.
1923	1,592	1,647	3,239	81.	81.	81.
1924	1,699	1,761	3,460	86.	85.	86.
1925	1,746	1,847	3,593	88.	89.	88.
1926	1,796	1,864	3,660	89.	89.	89.
1927	1,852	1,935	3,787	91.	91.	91.
1928	1,956	1,956	3,912	95.	91.	93.
1929	1,980	1,961	3,941	96.	90.	93.
1930	2,050	2,109	4,159	98.	96.	97.
1931	2,135	2,277	4,412	103.	104.	103.
1932	2,205	2,361	4,566	106.	108.	107.
1933	2,316	2,455	4,771	108.	109.	109.
1934	2,375	2,558	4,933	110.	112.	111.
1935	2,399	2,610	5,009	113.	116.	115.

PATIENTS OUT OF STATE SCHOOLS ON SEPTEMBER 30, 1935

The number of patients "on visit", "on parole", and "on escape" from State schools in 1935 was 435, or 7.9 per cent of the total number of patients on the books. Table 103 reveals that of the total of 435 out of institutions at the end of the year, 141 or 32.4 per cent were "on visit", 259 or 59.5 per cent were "on parole", and 35 or 8.0 per cent were "on escape".

On September 30, 1935, the Belchertown State School had 35 patients or 2.4 per cent of its total population out "on visit"; 70 patients or 4.9 per cent were out "on parole"; and 20 patients or 1.4 per cent were "on escape", making a total of 125 patients or 8.8 per cent of the cases on the books who were out of the institution at the end of the year. The Walter E. Fernald State school had 44 patients or 2.2 per cent of its total population "on visit"; 77 patients or 3.9 per cent "on parole"; and 8 patients or .4 per cent "on escape", making a total of 129 patients, or 6.5 per cent of cases on the books who were out of the institution on September 30, 1935. The Wrentham State School had 62 patients or 3.0 per cent of its total population "on visit"; 112 patients or 5.4 per cent "on parole"; and 7 or .3 per cent "on escape", making a total of 181 patients or 8.7 per cent out of the institution at the end of the statistical year.

TABLE 102. — *Number and Percentage of Patients "On Visit", "On Parole", and "On Escape" from State Schools September 30, 1910-1935, Inclusive*

YEAR	Number on the Books	Number on Visit and Parole	Percent	Number on Visit	Percent	Number on Parole	Percent	Number on Escape	Percent
1910	1,654	80	4.8	—	—	—	—	7	.4
1911	1,772	115	6.4	—	—	—	—	15	.8
1912	1,985	130	6.5	—	—	—	—	10	.5
1913	2,049	104	5.0	—	—	—	—	23	1.1
1914	2,366	157	6.6	—	—	—	—	15	.6
1915	2,471	134	5.4	—	—	—	—	28	1.1
1916	2,873	237	8.2	—	—	—	—	54	1.8
1917	2,947	222	7.5	—	—	—	—	52	1.7
1918	3,115	305	9.8	—	—	—	—	47	1.5
1919	3,219	387	12.0	—	—	—	—	93	2.8
1920	3,163	290	9.1	—	—	—	—	53	1.6
1921	3,375	376	11.1	—	—	—	—	58	1.7
1922	3,315	401	12.1	—	—	—	—	65	1.9
1923	3,762	463	12.3	—	—	—	—	60	1.5
1924	4,075	560	13.7	—	—	—	—	55	1.3
1925	4,125	488	11.8	—	—	—	—	44	1.0
1926	4,145	429	10.3	—	—	—	—	56	1.3
1927	4,162	332	7.9	—	—	—	—	70	1.6
1928	4,304	—	—	109	2.5	216	5.0	67	1.5
1929	4,363	—	—	108	2.5	231	5.3	83	1.9
1930	4,557	—	—	111	2.4	218	4.7	69	1.5
1931	4,815	—	—	107	2.8	203	4.2	93	1.9
1932	4,957	—	—	91	1.8	205	4.1	95	1.9
1933	5,202	—	—	110	2.1	233	4.4	88	1.6
1934	5,410	—	—	142	2.6	247	4.5	88	1.6
1935	5,444	—	—	141	2.5	259	4.7	35	.6

TABLE 103. — *Number of Patients "On Visit", "On Parole", and "On Escape" from State Schools on September 30, 1935, by School*

STATE SCHOOLS	Number on Books	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL	
		Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent
Belchertown	1,412	35	2.4	70	4.9	20	1.4	125	8.8
Walter E. Fernald	1,968	44	2.2	77	3.9	8	.4	129	6.5
Wrentham	2,064	62	3.0	112	5.4	7	.3	181	8.7
Total	5,444	141	2.5	259	4.7	35	.6	435	7.9

Patients "on visit" are those absent from the State schools for a definite period of time, while patients "on parole" are permitted to leave under supervision for for an indefinite period, the length of this period being dependent upon their behavior in the community. Both groups are considered as remaining on the books of the institution and are under the control of the school until discharged.

TABLE 104. — *Number of Visits during the Year 1935, by State Schools and Sex: Rates per 1,000 Daily Average Population on Books*

SCHOOLS	DAILY AVERAGE POPULATION			NUMBER OF VISITS DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	599.0	814.3	1,413.3	135	214	349	225.3	262.8	246.9
Walter E. Fernald	1,122.0	855.0	1,977.0	336	220	556	299.4	257.3	281.2
Wrentham	869.4	1,139.6	2,009.0	230	253	483	264.5	222.0	240.4
Total	2,590.4	2,808.9	5,399.3	701	687	1,388	270.6	244.5	257.0

Table 104 outlines the total number of visits from State schools during the year 1935. The Walter E. Fernald State School shows the highest rate of 281

visits per thousand daily average population on the books. Belchertown is second with a rate of 246, and Wrentham third with a rate of 240. More males go out on visit than females, as is shown in the rate for the males of 270 as against 244 for the females. In both the Wrentham and Walter E. Fernald State Schools, the males have the greatest opportunities for going out on visit, the rates being 42 points higher than that of the females at each institution. At Belchertown it will be noted that the rate for the females is 37 points higher than that of the males.

Section G. Admissions to State Schools for the Mentally Deficient During 1935

The following section discusses various factors in connection with all admissions to the three State schools for the mentally defective for the year October 1, 1934 to September 30, 1935, inclusive.

LEGAL STATUS OF ALL FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1935

Table 105 reveals that a total of 405 admissions were received at the three State schools during the year; 155 or 38 per cent of cases were admitted under regular court commitment; 236 or 58 per cent were admitted on the voluntary or "school" status; 1 case or .2 per cent were admitted as observation cases; and 13 or 3 per cent were admitted by transfer. It will be observed that the first admissions comprise by far the larger proportion of admissions to the State schools. During 1935 there were 379 or 94 per cent of these as against 26 or 6 per cent of readmissions.

TABLE 105. — *Legal Status of All Admissions to State Schools, 1935*

CASES ADMITTED DURING YEAR	TOTAL			COURT			VOLUNTARY			OBSERVATION			TRANSFERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions . . .	195	184	379	70	80	150	125	103	228	—	1	1	—	—	—
Readmissions . . .	12	14	26	3	2	5	5	3	8	—	—	—	4	9	13
Total . . .	207	198	405	73	82	155	130	106	236	—	1	1	4	9	13

MENTAL STATUS OF FIRST ADMISSIONS, 1928-1935

Table 106 shows the number of cases admitted in each of the mental status groups and also presents the rates per hundred thousand of the population 24 years of age and under, (1930 Census). This population age grouping is chosen because over 95 per cent of first admissions to State schools are 24 years of age or less. The total rate for all groups presents considerable irregularity, with somewhat higher rates for 1933, 1934 and 1935 than for the first three years, 1928, 1929 and 1930. In the case of mental defectives, it must be remembered that admissions are dependent upon the number of beds available. The waiting list of over 3,000 children shows the number of urgent cases awaiting admission.

TABLE 106. — *Mental Status of First Admissions to State Schools, 1928-1935: Numbers and Rates per 100,000 Population of State Under 24 Years of Age, 1930 Census*

YEARS	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1928	390	21.	40	2.	91	4.	211	11.	48	2.
1929	280	15.	55	2.	81	4.	134	7.	10	.5
1930	403	21.	65	3.	104	5.	211	11.	23	1.
1931	426	23.	47	2.	97	5.	249	13.	33	1.
1932	346	18.	40	2.	82	4.	206	11.	18	.9
1933	447	24.	77	4.	142	7.	204	11.	24	1.
1934	451	24.	58	3.	176	9.	193	10.	24	1.
1935	379	20.	59	3.	133	7.	176	9.	11	.5

The drop to the rate of 20 for the year 1935 means that the overcrowding had reached such a proportion that the superintendents did not feel it safe to admit new patients.

The rates for the mental status groups show more satisfactory findings. Here we notice increasing admission rates in both the idiot and imbecile groups. The moron group is holding rather steady over the years studied. Here we view a tendency for increases in the admission rates of the cases of lower mental grade, with the higher grade cases showing no appreciable increase. These findings are very significant as it has been said that the recent economic difficulties have made it impossible for larger numbers of morons to remain in the community. This does not seem to be the case as the increases have occurred in the idiot and imbecile groups. This would suggest that there was a real increase in the numbers of these lower grade cases.

MENTAL STATUS OF ALL ADMISSIONS, 1935

Table 107 outlines the mental status of first admissions and readmissions for the year 1935. The idiots make up 15 per cent; imbeciles 35 per cent; morons 46 per cent; and the not mentally defective 2 per cent of first admissions. Among the readmissions we find that the percentage for the idiots is 30 per cent; for the imbeciles 23 per cent; and for the morons 46 per cent.

TABLE 107. — *Mental Status of First Admissions and Readmissions State Schools, 1935: Number and Percent*

MENTAL STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	27	32	59	13.8	17.4	15.6	3	1	4	37.5	20.0	30.8
Imbecile	71	62	133	36.4	33.7	35.1	2	1	3	25.0	20.0	23.1
Moron	92	84	176	47.2	45.6	46.4	3	3	6	37.5	60.0	46.1
Not Mentally Defective	5	6	11	2.6	3.3	2.9	—	—	—	—	—	—
Total	195	184	379	100.0	100.0	100.0	8	5	13	100.0	100.0	100.0

(See Table 261 for detail).

For the sexes, the first admissions show larger proportions of idiots and not mentally defective in the females, while the males show greater proportions in the imbeciles and the morons. The small numbers in the readmissions hardly merit a discussion of the sex differences. It is of interest to observe that in the first admissions the males, with 195 cases, exceed the females, with 184 cases. Among the readmissions, the males show a total of 8 and the females a smaller total of 5.

TABLE 108. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1935, by School*

STATE SCHOOLS	Total Admissions	FIRST ADMISSIONS		READMISSIONS	
		Number	Percent	Number	Percent
Belchertown	94	91	96.8	3	3.2
Walter E. Fernald	125	118	94.4	7	5.6
Wrentham	173	170	98.3	3	1.7
Total	392	379	96.7	13	3.3

FIRST AND READMISSIONS, BY SCHOOL, 1935

Of the total 392 admissions (exclusive of transfers), 379 or 96.7 per cent were first admissions, and 13 or 3.3 per cent were readmissions (Table 108). Belchertown State School contributed 94 admissions of which 91 or 96.8 per cent were first admissions, and 3 or 3.2 per cent were readmissions. The Walter E. Fernald

State School contributed 125 admissions, 118 or 94.4 per cent of which were first admissions and 7 or 5.6 per cent were readmissions. The Wrentham State School presented 173 admissions, 170 or 98.3 per cent were first admissions and 3 or 1.7 per cent readmissions.

AVERAGE AGES OF FIRST ADMISSIONS AND READMISSIONS
TO STATE SCHOOLS, 1935

Table 109 presents the average ages of first admissions and readmissions by mental status. The average admission age of all first admissions was 12.9 years, 11.7 years for the males and 14.2 years for the females. Evidently mental deficiency in boys means earlier community difficulties and a younger admission age. Among the readmissions the same fact is observed with an average admission age of 16.3 for the males and 29.5 for the females. Among the first admissions, the idiots show the low average admission age of 10.1 years. The imbeciles are next with an admission age of 12.9 years, the morons have an average admission age of 14.9 years and the not mentally defective, an average admission age of 16.9 years. In the sexes the imbeciles are the only group in which the males show a higher admission age, 13.9 years, than the females, 11.7 years. In the idiots there is very little difference in ages, but in the morons, the females are nearly five years older. Among the readmissions the imbeciles show the lowest average age of 16.1 years, the idiots 17.5 years, and the morons 26.6 years. In each group the females show the higher average age.

TABLE 109. — *Average Ages of First Admissions and Readmissions to State Schools during 1935, by Mental Status and Sex*

MENTAL STATUS	AVERAGE AGE					
	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Idiot	10.17	10.19	10.18	14.17	27.50	17.50
Imbecile	13.95	11.71	12.91	13.00	22.50	16.17
Moron	12.87	17.13	14.90	20.83	32.50	26.67
Not Mentally Defective	10.50	22.33	16.95	—	—	—
Total	11.75	14.27	12.97	16.38	29.50	21.42

(See Table 261 for detail).

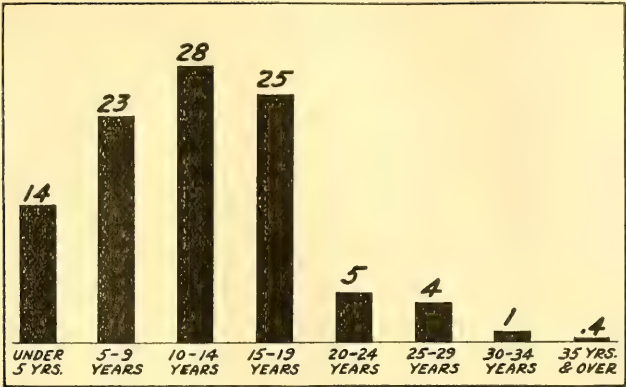
AGES OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1935:

RATES PER 100,000 STATE POPULATION, SAME AGE GROUPS

Table 110 and Graph 10 show the rates of admission for specific age groups in terms of the same age groups in the general population, 1930 census. It presents a fairly accurate picture of the ages at which the urgency for admission to State schools is the greatest.

TABLE 110. — *Ages of First Admissions and Readmissions to State Schools, 1935, Rates per 100,000 of Same Ages in Massachusetts Population, 1930 Census*

AGE GROUPS	TOTAL ADMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	Number	Rate	Number	Rate	Number	Rate
Under 5 years	51	14.5	50	14.3	1	.2
5-9 years	91	23.2	91	23.2	—	—
10-14 years	110	28.4	107	27.6	3	.7
15-19 years	93	25.3	90	24.5	3	.8
20-24 years	19	5.4	17	4.9	2	.5
25-29 years	15	4.6	13	4.0	2	.6
30-34 years	5	1.5	4	1.2	1	.3
35 plus	8	.4	7	.3	1	—
Total	392	9.2	379	8.9	13	.3



GRAPH 10. — AGES OF ADMISSIONS TO STATE SCHOOLS, 1935, RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS POPULATION, 1930 CENSUS.

The highest rate falls in the age group 10–14 years, with 28.4 children admitted per 100,000 of the same age group in the Massachusetts population. The group 15–19 years is next with 25.3 persons, and the group 5–9 years is third with 23.2 persons. The rate for all admissions is 9.2; for first admissions 8.9; and for readmissions .3. These rates are not true measures of the incidence of mental defect but simply present the annual rate of withdrawal of mental defectives from the community within the State of Massachusetts. Admissions to State schools are dependent upon so many differing factors that these rates cannot be considered as an active measure of incidence.

POPULATION OF PLACE OF RESIDENCE OF ALL ADMISSIONS, 1935

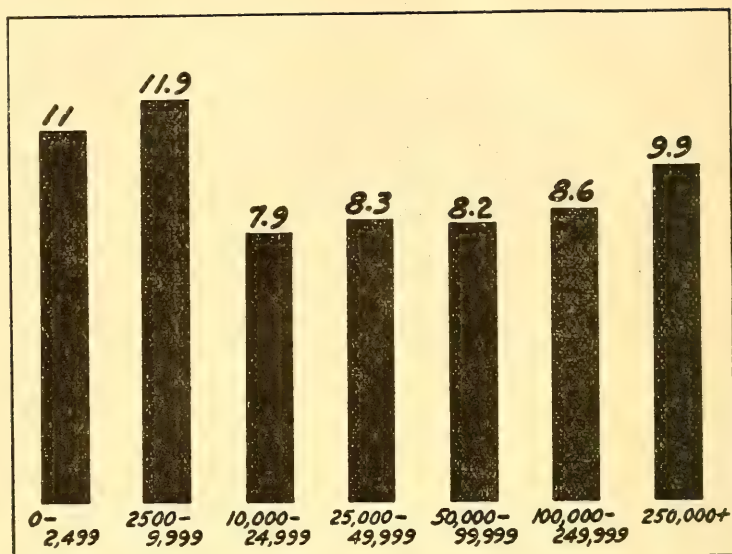
Table 111 and Graph 11 show the rates per 100,000 of mental defectives admitted from the various population units in Massachusetts.. It also shows the numbers of the State population falling within each of the population groups. It will be noted that the second population group shows the highest rate, with 11.9 mental defectives admitted per 100,000 of that population unit. The villages are next in order with 11.0 admissions per 100,000. The population unit 250,000 plus is third with a rate of 9.9; the population group 100,000–249,999 fourth with a rate of 8.6; and the population group 25,000–49,999 fifth with a rate of 8.3 per 100,000 of the population. The lowest rate is seen in the population group 10,000–24,999 with a rate of 7.9 admissions per 100,000 of the population of that unit.

Evidently, then, the most favorable population from the standpoint of admissions to State schools is the intermediate population unit. The most unfavorable locations are the smaller population units and the larger cities.

TABLE 111. — *Population of Place of Residence of ALL Admissions to State Schools, 1935, and Rates per 100,000 of Same Population Units, 1930 Census*

POPULATION UNIT	POPULATION IN EACH UNIT, 1930 CENSUS	TOTAL ADMISSIONS	RATE PER 100,000
0- 2,499	199,957	22	11.0
2,500- 9,999	544,976	65	11.9
10,000- 24,999	693,428	55	7.9
25,000- 49,999	576,467	48	8.3
50,000- 99,999	460,411	38	8.2
100,000-249,999	993,187	86	8.6
250,000 plus	781,188	78	9.9
Unknown	-	-	-
Total	4,249,614	392	9.2

(See Table 263 for detail).



GRAPH 11. — POPULATION OF PLACE OF RESIDENCE OF ADMISSIONS TO STATE SCHOOLS, 1935:
RATES PER 100,000 OF SAME POPULATION UNITS, 1930 CENSUS.

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1935, BY MENTAL STATUS

Table 112 shows that the largest proportion of first admissions, 64.4 per cent, belong in the marginal economic class; 34.6 per cent are found in the dependent group; and .8 per cent in the comfortable class. Of the mental status groups, the not mentally defective have the smallest proportion in the dependent class, 18.2 per cent. Imbeciles have the largest proportion in the marginal class, 69.2 per cent. It is observed that 67.8 per cent of idiots; 70.7 per cent of imbeciles; 59.1 per cent of morons; and 81.8 per cent of cases not mentally defective belonged in the marginal and comfortable classes.

NATIVITY AND PARENTAGE OF FIRST ADMISSIONS, 1935

Table 113 gives the admission rates to State schools for the native and foreign born. The native born are divided into three groups; those of native parentage, of foreign parentage, and of mixed parentage. When we compare the first admissions to our State schools with the population 24 years of age and under, we find that the native born show an admission rate per 100,000 of 21.8, while the foreign born show a rate of 5.6. Relatively, the foreign born of these ages contributed only one-fourth as many mental defectives to our State schools as did the native born 24 years of age and under. This shows the efforts that are being made in checking up on the mental status of immigrants coming to the United States over the last fifteen or twenty years. When we divide the native born in accordance with the birthplace of their parents, we find those of native parentage showing an admission rate of 21.9; those of foreign parentage a rate of 15.2; and those of mixed parentage a rate of 35.3.

Of all groups the best showing as far as the admission of mental defectives to our State schools is concerned is made by the foreign born. Next in order come the native born of foreign parentage. Third in order are the native born of native parentage. The poorest showing is made by the native born of mixed parentage. This last figure of 35.3 is extremely high and indicates that the melting pot should be scrutinized rather carefully as far as its potentialities for the development of mental defect are concerned. Children of either native or foreign parents do not

TABLE 112. — *Percentage Distribution of Economic Condition in First Admissions to State Schools, 1935, by Mental Status.*

ECONOMIC CONDITION	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent . . .	32.3	36.9	34.6	33.4	31.3	32.2	26.8	30.6	28.6	35.9	46.4	40.9	40.0	—	18.2
Marginal . . .	65.7	63.1	64.4	62.9	68.7	66.1	69.0	69.4	69.2	64.1	53.6	59.1	60.0	100.0	81.8
Comfortable . . .	1.5	—	.8	3.7	—	1.7	2.8	—	1.5	—	—	—	—	—	—
Unknown . . .	.5	—	.2	—	—	—	1.4	—	.7	—	—	—	—	—	—
Total . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Table 262 for detail).

TABLE 113. — *Nativity and Percentage of First Admissions to State Schools, 1935: Rates per 100,000 Population of Same Nativity Groups Aged 0-24 Years, 1930 Census*

NATIVITY GROUPS	Population in Each Group 1930 Census			Number of First Admissions	Rates per 100,000 Population		
Native Born:	373	21.8	21.9	
Native Parentage	157	—	15.2	
Foreign Parentage	105	—	35.3	
Mixed Parentage	107	—	—	
Unknown Parentage	4	—	—	
Foreign Born	6	5.6	—	
Unknown	—	—	—	
Total	379	20.8	—	

(See Table 259 for detail).

show the higher rates, but if there is evidence of mixture of the parents, the offspring can be expected to show admission rates nearly twice as high as either of the unmixed groups.

AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1935, BY NATIVITY
AND PARENTAGE

Table 114 shows that the foreign born have a high average admission age, 21.6 years. The native born have an average admission age of 12.8 years. When we consider the parentage of the native born, we observe that the highest average admission age occurs in the native born of foreign parentage, 14.7 years; 13.3 years for the males and 16.4 for the females. Native born patients of unknown parentage are excluded from discussion because of the few cases under consideration. The lowest average admission age occurs in the native born of native parentage, 11.5 years; 10.2 for the males and 13.2 for the females. The average admission age of all first admissions was 12.9 years; 11.7 years for the males and 14.2 years for the females.

TABLE 114. — *Average Age of First Admissions to State Schools, 1935, by Nativity, Parentage and Sex*

NATIVITY AND PARENTAGE	AVERAGE AGE		
	M.	F.	T.
Native Born:	11.66	14.08	12.84
Native Parentage	10.20	13.23	11.57
Foreign Parentage	13.31	16.41	14.70
Mixed Parentage	12.26	12.91	12.63
Unknown Parentage	12.50	25.00	18.38
Foreign Born	17.50	25.83	21.67
Nativity Unknown	—	—	—
Aggregate Age	11.75	14.27	12.97

(See Table 259 for detail).

TABLE 115. — *Clinical Diagnoses and Average Intelligence Quotient of First Admissions and Readmissions to State Schools, 1935, by Sex*

CLINICAL DIAGNOSES	FIRST ADMISSIONS						READMISSIONS					
	Number			Average I. Q.			Number			Average I. Q.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	47	50	97	.56	.54	.55	2	1	3	.65	.85	.72
Mongolism	20	20	40	.27	.38	.32	1	1	2	.05	.35	.20
With developmental cranial anomalies	7	12	19	.36	.21	.27	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyses	10	13	23	.37	.34	.35	—	1	1	—	.45	.45
Post-infectious	14	12	26	.50	.43	.47	—	1	1	—	.65	.65
Post-traumatic — natal	5	5	10	.37	.39	.38	1	—	1	.05	—	.05
Post-traumatic — post-natal	2	3	5	.35	.15	.23	—	—	—	—	—	—
With epilepsy — symptomatic	2	—	2	.35	—	.35	—	—	—	—	—	—
With epilepsy — idiopathic	2	2	4	.20	.20	.20	—	—	—	—	—	—
With endocrine disorders	5	4	9	.55	.53	.54	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	3	—	3	.62	—	.62	—	—	—	—	—	—
Undifferentiated	72	56	128	.47	.54	.50	4	1	5	.45	.85	.53
Other forms	6	7	13	.47	.48	.47	—	—	—	—	—	—
Total	195	184	379	.46	.46	.46	8	5	13	.40	.63	.49

(See Tables 265 and 266 for detail).

CLINICAL DIAGNOSIS AND AVERAGE INTELLIGENCE QUOTIENT OF FIRST AND
READMISSIONS TO STATE SCHOOLS, 1935

Table 115 outlines the average intelligence quotients of first admissions and readmissions for 1935 in the various clinical diagnosis groups. Because of the well known variation in small numbers, we will not discuss the average of groups in

which less than ten cases are involved. Excluding the smaller groups, we note that the highest average intelligence quotient of .55 occurs in the familial cases. It is rather unexpected that the group presenting hereditary mental defect should show the highest average intelligence. The undifferentiated are second with an average intelligence quotient of .50. This group, of course, comprises cases who lack outstanding characteristics which would place them in one of the clinical groups. They may be considered as the idiots, imbeciles and morons who cannot be classified clinically. The post-infectious cases and the group other forms have the third highest average intelligence quotient of .47 each. The group post-traumatic — natal is fourth with .38. The lowest averages are observed in the groups with mongolism, .32, and with developmental cranial anomalies, .27.

Both the male and female first admissions show an average admission I. Q. of .46. In the following clinical groups the males present the higher average admission I. Q.; familial, with developmental cranial anomalies, with congenital cerebral spastic infantile paralyses, post-infectious, post-traumatic — post-natal, and with endocrine disorders. The smallest difference of two points is observed in the familial group and with endocrine disorders, while the largest difference of twenty points occurs in the group post-traumatic — post-natal. The females show the higher average admission I. Q. in the clinical groups mongolism, post-traumatic — natal, undifferentiated, and other forms. Here the largest difference of eleven points occurs in the group mongolism.

TABLE 116. — *Clinical Diagnoses and Ages of ALL Admissions to State Schools, 1935, by Sex*

CLINICAL DIAGNOSES	ALL ADMISSIONS					
	Number			Average Age		
	M.	F.	T.	M.	F.	T.
Familial	49	51	100	12.46	14.72	13.61
Mongolism	21	21	42	10.40	8.93	9.67
With developmental cranial anomalies	7	12	19	7.93	7.50	7.66
With congenital cerebral spastic infantile paralyses	10	14	24	13.20	17.21	15.54
Post-infectious	14	13	27	11.21	14.19	12.65
Post-traumatic — natal	6	5	11	9.50	16.50	12.68
Post-traumatic — post-natal	2	3	5	27.50	8.17	15.90
With epilepsy — symptomatic	2	—	2	12.50	—	12.50
With epilepsy — idiopathic	2	2	4	5.50	12.50	9.00
With endocrine disorders	5	4	9	18.50	17.75	18.17
With familial amaurosis	—	—	—	—	—	—
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	3	—	3	14.17	—	14.17
Undifferentiated	76	57	133	11.79	15.65	13.44
Other forms	6	7	13	11.67	24.64	18.65
Total	203	189	392	11.93	14.67	13.26

(See Table 264 for detail).

Owing to the small numbers involved, the readmissions will not be discussed in detail. We note, however, that the average admission I. Q. of readmissions, .49, is three points higher than that of the first admissions, .46. Among the readmissions we note that the average I. Q. of the females is twenty-three points higher than that of the males.

CLINICAL DIAGNOSIS AND AVERAGE AGE OF ALL ADMISSIONS TO STATE SCHOOLS, 1935

Table 116 shows the average age of *all* admissions in the various clinical diagnosis groups exclusive of transfers. Owing to the difficulties experienced in dealing with small numbers, the averages of groups containing less than ten cases will not be discussed. The group other forms, 13 cases, shows the highest average admission age of 18.6 years. The group with congenital cerebral spastic infantile paralyses, 24 cases, is second with an average of 15.5 years, and the familial group, 100 cases, is third with an average of 13.6 years. It is interesting that the hereditary group, with all of its supposed social difficulties, should succeed in keeping their children

out of institutions until such a late age. The lowest average admission age of 7.6 years occurs in the group with developmental cranial anomalies, 19 cases. The cases with mongolism with an average of 9.6 years, and the post-infectious and post-traumatic — natal groups with 12.6 years each also show low average ages.

In the sexes higher average admission ages for the males are observed in the groups mongolism, with developmental cranial anomalies, post-traumatic — post-natal, and with endocrine disorders. The females show the higher admission ages in the groups familial, with congenital cerebral spastic infantile paralyses, post-infectious, post-traumatic — natal, with epilepsy — idiopathic, undifferentiated, and in other forms. In general we observe that the females, with an average admission age of 14.6 years are over two years older at admission than the males with 11.9 years.

Section H. All Discharges from State Schools for the Mentally Deficient During 1935

The section following discusses various factors in reference to discharges from State Schools during the year 1935.

DISCHARGES FROM STATE SCHOOLS, 1917-1935

Table 117 presents the number and rates per thousand under care of discharges from State schools over the period 1917-1935. In 1920 one hundred five cases per thousand under care were discharged. From this high point, there is a decrease to the low rate of 30 in the year 1933. It is evident that discharge rates from State schools are showing a marked downward trend, the rate in 1933 being less than one-third of that observed in 1920. The year 1935 shows an increase to a rate of 51. For both sexes considered together, the downward trend in discharge rates is unmistakable. Very low rates are observed for the depression years, namely, 1929-1934. Viewing the sexes, we note that the greater part of the decrease in the discharge rates has occurred in the males, their high being 127 in 1920, and the low, 33 in 1934. The females show a high of 78 in 1920 which decreases to rates in the 20's from 1931 to 1934. It is evident that certain factors at present unknown are making it increasingly difficult for State schools to return cases under care to the community.

TABLE 117. — *Discharges from State Schools, 1917-1935, by Sex: Rates per Thousand Under Care*

YEARS	NUMBER UNDER CARE			DISCHARGES			RATES PER 1,000 UNDER CARE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,808	1,430	3,238	172	80	252	95.1	55.9	77.8
1918	1,824	1,517	3,341	120	37	157	65.7	24.3	46.9
1919	1,925	1,576	3,501	78	52	130	40.5	32.9	37.1
1920	1,941	1,636	3,577	247	129	376	127.2	78.8	105.1
1921	1,863	1,714	3,577	103	56	159	55.2	32.6	44.4
1922	1,908	1,749	3,657	192	120	312	100.6	68.6	85.3
1923	2,086	1,893	3,979	120	40	160	57.5	21.1	40.2
1924	2,236	2,091	4,327	137	65	202	61.2	31.0	46.6
1925	2,254	2,207	4,461	185	102	287	82.0	46.2	64.3
1926	2,235	2,255	4,490	139	154	293	62.1	68.2	65.2
1927	2,270	2,244	4,514	196	99	295	86.3	44.1	65.3
1928	2,324	2,260	4,584	136	79	215	58.5	34.9	46.9
1929	2,322	2,287	4,609	110	76	186	47.3	33.2	40.3
1930	2,365	2,435	4,800	114	80	194	48.2	32.8	40.4
1931	2,441	2,577	5,018	97	69	166	39.7	26.7	33.0
1932	2,492	2,695	5,187	98	69	167	39.3	25.6	32.1
1933	2,628	2,807	5,435	89	79	168	33.8	28.1	30.9
1934	2,733	2,939	5,672	92	86	178	33.6	29.2	31.3
1935	2,805	2,999	5,804	174	126	300	62.0	42.0	51.6

AGE AND MENTAL STATUS OF PATIENTS DISCHARGED, 1935

Table 118 outlines the average age of discharges in the various mental status groups. The totals present an average discharge age of 22.5 years, 21.1 years for the males and 24.3 years for the females. This higher discharge age for the females is partially accounted for by the fact that females quite uniformly show higher ages at admission (see Table 116).

TABLE 118. — *Ages of Discharges from State Schools, 1935, by Mental Status and Sex: Numbers and Averages*

MENTAL STATUS	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Idiot	8	6	14	15.88	8.67	12.79
Imbecile	28	21	49	24.50	50.40	35.60
Moron	114	80	194	11.86	25.75	17.59
Not Mentally Defective	24	19	43	17.71	26.24	21.48
Total	174	126	300	21.17	24.36	22.51

(See Table 267 for detail).

In the idiot group 14 discharges leaving the institution averaged 12.7 years of age at discharge. Forty-nine cases in the imbecile group averaged 35.6 years; 194 cases in the moron group averaged 17.5 years; and 43 cases in the group not mentally defective averaged 21.4 years of age at discharge. In the idiot group the males averaged seven years older than the females at the time of discharge. In the imbecile group the situation is reversed and the females are twenty-five years older than the males. In the moron group the females average thirteen years older than the males, and in the group not mentally defective the females are eight years older than the males.

AGE AT DISCHARGE, BY SCHOOL

Table 119 presents the discharge age of patients leaving State schools during 1935. One hundred nine, or 36 per cent of the total discharges were under 20 years of age; 148, or 49 per cent were between the ages 20-29 years; and 43, or 14 per cent were 30 years of age or over. It is apparent that the ages 20-29 years are the most favorable for the discharge of patients from State schools. In the sexes we note that this ideal discharge rate runs a little younger for boys and a little older for girls. The average age for all discharges was 22.5 years, 21.1 years for the males and 24.3 years for the females. Discharges from Wrentham showed the highest average age of 23.0 years, 20.7 years for the males and 25.1 years for the females. Fernald was second with an average age of 22.2 years, 21.8 years for the males and 23.3 years for the females. Belchertown discharges were the youngest, with an average age of 21.5 years, 20.6 years for the males and 22.9 years for the females. We note in every school that the males discharged are from one to four years younger than the females discharged.

TABLE 119. — *Age at Discharge of All Patients Discharged from State Schools, 1935, by School and Sex*

AGE GROUPS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	4	6	—	—	—	—	—	—	2	4	6
5-9 years	7	6	13	2	1	3	1	2	3	4	3	7
10-14 years	19	7	26	1	—	1	10	3	13	8	4	12
15-19 years	44	20	64	8	5	13	23	7	30	13	8	21
20-24 years	68	29	97	22	11	33	25	5	30	21	13	34
25-29 years	21	30	51	3	6	9	5	5	10	13	19	32
30-34 years	8	13	21	—	—	—	2	2	4	6	11	17
35-39 years	1	12	13	—	—	—	1	3	4	—	9	9
40-44 years	2	4	6	—	1	1	2	—	2	—	3	3
45-49 years	—	—	—	—	—	—	—	—	—	—	—	—
50-54 years	—	1	1	—	—	—	—	1	1	—	—	—
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—
60 years and over	2	—	2	—	—	—	2	—	2	—	—	—
Total	174	126	300	36	24	60	71	28	99	67	74	141
Average Age	21.1	24.3	22.5	20.6	22.9	21.5	21.8	23.3	22.2	20.7	25.1	23.0

DISCHARGES FROM STATE SCHOOLS, 1935; RATES PER 1,000 CASES
UNDER CARE

During 1935 we have noted that 300 patients were discharged from the three State schools for the mentally defective (Table 120). Of these, 174 or 58 per cent were males and 126 or 42 per cent were females. Sixty were discharged from the Belchertown State School; 60 per cent males, and 40 per cent females. Ninety-nine were discharged from the Walter E. Fernald State School; 71.7 per cent males and 28.3 per cent females. One hundred forty-one were discharged from the Wrentham State School; 47.5 per cent males and 52.5 per cent females.

The rate of discharge per 1,000 of cases under care for all schools was 51; 62 for the males and 42 for the females. The Walter E. Fernald and Wrentham State Schools showed the highest discharge rates with 47 and 63 patients, respectively, discharged per 1,000 cases under care at each school. Belchertown showed 40 patients discharged per 1,000 under care. The discharge rate for males was higher than that for females at each of the three State schools.

TABLE 120. — *Discharges from State Schools, 1935, by School: Numbers and Rates per 1,000 Cases Under Care*¹

STATE SCHOOLS	NUMBER UNDER CARE			NUMBER OF DISCHARGES			RATE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown.	635	851	1,486	36	24	60	56.	28.	40.
Walter E. Fernald	1,186	903	2,089	71	28	99	59.	31.	47.
Wrentham	984	1,245	2,229	67	74	141	68.	59.	63.
Total	2,805	2,999	5,804	174	126	300	62.	42.	51.

¹Includes all discharges irrespective of I. Q. Cases under Care are obtained by adding Resident Population and Patients Out on September 30, 1935, and all Discharges and all Deaths during the year 1935.

TABLE 121. — *Discharges from State Schools, 1935, by Mental Status, and Age at Discharge: Rates per 1,000 Cases Under Care of Same Mental Status and Age*

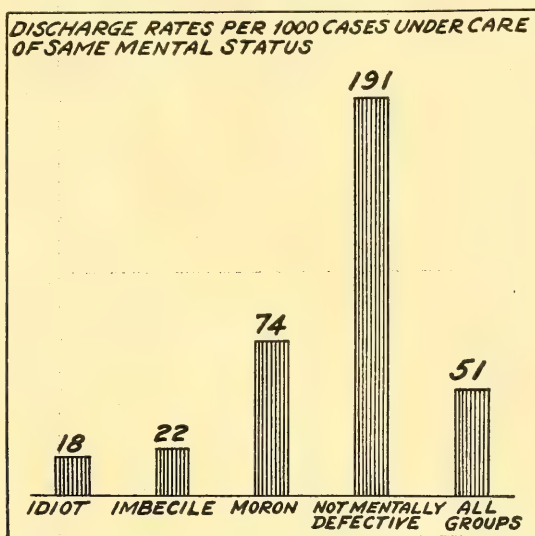
MENTAL STATUS	Sex	AGE DISTRIBUTION							
		All Ages	0-9 Years	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 Years and Over
Idiot	M.	18.8	32.3	27.2	—	—	58.8	—	—
	F.	17.2	61.5	20.0	—	—	—	—	—
	T.	18.1	47.2	24.6	—	—	22.7	—	—
Imbecile	M.	25.2	18.2	31.3	25.9	22.7	9.9	—	153.8
	F.	19.2	29.4	20.0	30.2	9.9	8.3	—	—
	T.	22.2	23.6	26.1	28.0	15.8	9.0	—	62.5
Moron	M.	97.9	12.5	68.3	185.5	52.6	—	—	—
	F.	55.6	30.8	43.1	72.7	67.8	15.4	45.5	—
	T.	74.6	20.7	58.0	119.6	64.1	12.3	34.5	—
Not Mentally Defective	M.	224.3	173.9	195.1	363.6	—	—	—	—
	F.	161.0	333.3	76.9	244.9	115.4	8.3	—	—
	T.	191.1	192.3	149.3	292.7	88.2	76.9	—	—
All Groups.	M.	62.0	32.7	54.9	108.5	27.7	13.2	—	105.3
	F.	42.0	42.6	32.9	61.1	43.6	13.8	11.5	—
	T.	51.6	37.3	45.7	82.9	37.9	13.6	6.5	40.0

(See Table 289 for detail).

Table 121 shows the present age of all cases under care during the year, the age at discharge of all cases discharged during 1935, and the rate of discharge per 1,000 cases under care of the same age groups. The highest rate of discharge is observed in the age group 20-29 years, a rate of 82 cases discharged for each 1,000 cases of the same age group under care during the year. The age groups 0-9, 10-19 and 30-39 years also show high rates of 37, 45, and 37 per 1,000 respectively. The age group 40-49 years presents the next highest rate, 13 per 1,000 cases under care.

In summarizing this table, and in considering the groups presenting the largest numbers, we may say that the more favorable age groups for discharge during this year tend to lie between 0 and 39 years.

It will be observed in Table 121 and Graph 12 that the not mentally defective group presents by far the highest discharge rate of any of the mental status groups, 191 per 1,000 under care. The moron group is second with a rate of 74 cases discharged per 1,000 cases under care. The imbecile group is third with a rate of 22 while the idiot group shows the lowest discharge rate of all, 18 cases per each 1,000 under care. In all of the groups, the discharge rate is higher for the males than for the females.



GRAPH 12.—MENTAL STATUS OF DISCHARGES FROM STATE SCHOOLS, 1935; RATES PER 100,000 CASES UNDER CARE OF SAME MENTAL STATUS.

Table 122 outlines the discharge rates per thousand cases under care by clinical groupings and by age distribution. The totals show that 51 cases were discharged during 1935 for each thousand cases under care. The males show the higher discharge rate of 62, with a rate of 42 for the females. In the total discharge rates of the various age groups, the high discharge rate occurs in the age group 20-29 years with 82 cases discharged per thousand under care. The age group 10-19 years is second in order with a rate of 45, and the age groups 0-9 and 30-39 years are next in order with rates of 37.3 and 37.9, respectively. The discharge rate for the age group 40-49 years is 13. The rate of 6 in the age group 50-59 years is lowest of all. Slight sex differences are noted. In the age groups 10-19 years and 20-29 years the males present the higher discharge rates. In the age groups 0-9 years, 30-39 years, and 40-49 years the females present the higher rates.

Consulting the totals for the various clinical groups and excluding those which had less than fifty cases under care (post-traumatic — post-natal, with epilepsy — symptomatic, with familial amaurosis, with tuberous sclerosis, and with other organic nervous disease), we observe that the group other forms shows the highest discharge rate of 77 per thousand under care. Next in order are: with endocrine disorders, 67; the undifferentiated with 59; the familial group with 52; with developmental cranial anomalies, 44; and post-infectious, 37. The low discharge rates are observed in the groups post-traumatic — natal, 25; with congenital cerebral spastic infantile paralyses, 19; and mongolism, 12.

It is interesting to compare the discharge rate of 51 cases per thousand under care in State schools for mental defectives (95 per cent first admissions), with the discharge rate of 180 per thousand first admissions under care in mental hospitals.

TABLE 122. — Discharges from State Schools, 1935, by Clinical Diagnoses and Age at Discharge: Rates per 1,000 Cases Under Care¹ of Same Clinical Age Groupings

CLINICAL DIAGNOSES	TOTAL			0-9 YEARS			10-19 YEARS			20-29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	69.2	40.8	52.5	35.1	20.8	28.6	51.8	35.6	44.8	121.6	53.7	79.7
Mongolism	16.4	7.8	12.0	—	22.7	14.5	16.9	—	9.2	31.3	—	17.9
With developmental cranial anomalies	40.0	50.8	44.8	153.8	115.4	128.2	29.4	—	20.0	—	—	—
With congenital cerebral spastic infantile paralyses	—	39.6	19.6	—	100.0	45.5	—	30.3	14.9	—	69.0	35.1
Post-infectious	28.9	46.4	37.9	—	—	—	19.2	100.0	58.8	23.2	48.8	61.0
Post-traumatic — natal	41.7	—	25.2	—	—	—	76.9	—	58.8	—	—	—
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	1,000.0	—	166.7
With epilepsy — symptomatic	111.1	52.6	71.4	—	1,000.0	333.3	69.0	52.6	62.5	71.4	—	35.7
With epilepsy — idiopathic	50.8	15.9	32.8	—	—	—	71.4	—	27.8	250.0	142.9	181.8
With endocrine disorders	64.5	69.8	67.6	—	500.0	222.2	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	68.5	49.1	59.4	—	16.9	29.1	54.5	27.1	43.5	127.4	79.6	103.4
Undifferentiated	108.7	45.5	77.8	166.7	—	76.9	180.3	62.5	139.8	100.0	63.8	82.5
Other forms	—	—	—	—	—	—	—	—	—	—	—	—
Total	62.0	42.0	51.6	32.7	42.6	37.3	54.9	32.9	45.7	108.5	61.1	82.9

¹Cases under care include the resident population and cases out on September 30, 1935 plus all discharges and all deaths during the year 1935.

TABLE 122. — Discharges from State Schools, 1935, by Clinical Diagnoses and Age at Discharge: Rates per 1,000 Cases Under Care¹ of Same Clinical Age Groupings — Concluded

CLINICAL DIAGNOSES	30-39 YEARS			40-49 YEARS			50-59 YEARS			60 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial . . . *	15.2	37.8	32.9	—	30.6	27.3	—	—	—	—	—	—
Mongolism	—	—	—	—	—	—	—	—	—	—	—	—
With developmental cranial anomalies	—	—	—	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyses	—	—	—	—	—	—	—	—	—	—	—	—
Post-infectious	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — natal	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	—	—	—	—	—	—	—	—	—	—	—	—
With endocrine disorders	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—
With tuberous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	35.7	60.2	49.5	12.3	9.8	10.9	—	31.3	14.7	166.7	—	83.3
Undifferentiated	74.1	78.9	76.9	38.5	—	17.5	—	—	—	—	—	—
Other forms	—	—	—	—	—	—	—	—	—	—	—	—
Total	27.7	43.6	37.9	13.2	13.8	13.6	—	11.5	6.5	105.3	—	40.0

¹Cases under care include the resident population and cases out on September 30, 1935 plus all discharges and all deaths during the year 1935.

TABLE 123. — *Economic Status of Discharges from State Schools, 1935, by Mental Status and Sex: Discharge Rates per 1,000 of Same Economic Status Groups Under Care*

ECONOMIC STATUS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under Care	952	1,295	2,247	90	83	173	337	382	719	475	761	1,236	50	69	119
Discharges	67	55	122	1	1	2	7	5	12	51	39	90	8	10	18
Rate per 1,000	70.4	42.5	54.3	11.1	12.0	11.6	28.6	13.1	16.7	107.4	51.2	72.8	160.0	144.9	151.3
Marginal:															
Under Care	1,750	1,606	3,356	306	242	548	724	667	1,391	665	648	1,313	55	49	104
Discharges	104	68	172	7	5	12	20	15	35	61	39	100	16	9	25
Rate per 1,000	59.4	42.3	51.3	22.9	20.7	21.9	27.6	22.5	25.2	91.7	60.2	76.2	290.9	183.7	144.2
Comfortable:															
Under Care	92	83	175	26	17	43	42	43	85	22	23	45	2	—	2
Discharges	3	3	6	—	—	—	1	1	2	2	—	4	—	—	—
Rate per 1,000	32.6	36.1	34.3	—	—	—	23.8	23.3	23.5	90.9	87.0	88.9	—	—	—
Unknown:															
Under Care	11	15	26	3	6	9	6	3	9	2	6	8	—	—	—
Discharges	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rate per 1,000	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total:															
Under Care	2,805	2,999	5,804	425	348	773	1,109	1,095	2,204	1,164	1,438	2,602	107	118	225
Discharges	174	126	300	8	6	14	28	21	49	114	80	194	24	19	43
Rate per 1,000	62.0	42.0	51.6	18.8	17.2	18.1	25.2	19.2	22.2	97.9	55.6	74.6	224.3	161.0	191.1

While the mental hospitals were discharging approximately one patient out of every five under care, the State schools were discharging but one patient out of every twenty under care.

ECONOMIC STATUS OF DISCHARGES: RATES PER 1,000 UNDER CARE

Table 123 outlines the economic status of discharges in the various mental status groups and also presents discharge rates per thousand under care of the same economic groups. The totals show a discharge rate of 51 cases per thousand under care, with rates of 62 for the males and 42 for the females. The "dependent" group presents the highest discharge rate of 54, with rates of 70 and 42 for the males and females, respectively. The "marginal" group is next with a discharge rate of 51, 59 for the males, and 42 for the females. The group of "comfortable" economic status shows the low discharge rate of 34, 32 for the males and 36 for the females. Here we note that the higher rates for the males in the "dependent" and "marginal" groups are reversed and the female discharge rate is larger than that of the males. It will be noted that the idiot, imbecile and moron groups show higher discharge rates in the "marginal" than in the "dependent" classes. We note that in both the "dependent" and "marginal" groups, the imbeciles present higher rates than do the idiots. Of course, the highest discharge rates of all are observed in the group not mentally defective. However, the numbers involved in this group are rather small.

TABLE 124. — *Average Length of School Stay of All Discharges, 1928-1935, by Mental Status and Sex*

YEARS	AVERAGES IN YEARS														
	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928 . . .	5.9	7.0	6.3	3.5	7.8	5.6	6.5	7.1	6.8	5.7	7.8	6.4	5.4	7.5	6.2
1929 . . .	4.1	6.1	4.9	7.3	2.1	6.4	3.6	7.7	5.5	4.2	5.8	4.9	2.5	4.3	3.3
1930 . . .	3.9	5.9	4.7	5.0	4.4	4.7	4.7	6.3	5.4	3.7	5.6	4.4	1.1	8.4	5.0
1931 . . .	6.3	6.0	6.2	9.9	3.3	7.2	6.5	8.7	7.3	5.5	5.5	5.5	4.0	4.9	4.6
1932 . . .	6.3	5.6	6.0	8.6	4.8	6.7	7.3	4.5	5.8	6.0	6.6	6.2	2.2	5.2	3.5
1933 . . .	4.9	5.8	5.3	7.8	5.3	7.0	5.7	9.3	7.0	3.5	5.1	4.8	3.6	5.3	4.5
1934 . . .	6.2	6.7	6.5	3.2	10.8	6.2	7.9	5.9	7.0	6.5	5.4	6.0	5.4	9.0	7.5
1935 . . .	6.2	5.9	6.1	5.4	.3	3.2	7.1	6.6	6.9	7.0	5.8	6.5	4.5	7.1	5.7

AVERAGE LENGTH OF SCHOOL STAY, ALL DISCHARGES, 1928-1935

Table 124 outlines the length of time that discharges remained in residence in State schools for each year of the period 1928-1935, by mental status. The total column shows little variation in length of residence over the past eight years. The years 1929 and 1930 were rather good years, with averages of 4.9 and 4.7 years each. However, once we pass 1930, the averages have remained pretty consistently around 6 years. In five of the eight years the females show a longer school residence. In 1931, 1932, and 1935, the males show a slightly longer school stay. The idiot group showed the longest length of hospital stay in 1931, with 7.2 years, and their shortest residence in 1935 with 3.2 years. In this mental status group the males tend to remain longer than the females in six out of the eight years. Only in two years, 1928 and 1934, did the females show a longer average school residence. The imbecile group shows the shortest hospital stay in 1930 with 5.4 years, and the longest period of residence in 1931, with an average of 7.3 years. Again we observe considerable irregularity without any consistent trend. In five out of the eight years the females showed a longer average school residence. In 1932, 1934 and 1935, the males presented higher averages. The morons present their low average length of stay in 1930 with 4.4 years, and their high average of 6.5 years occurs in 1935. This mental status group showed longer average residences for the females in five of the eight years, the males showing a longer residence in 1934 and 1935. While the figures are not conclusive, in any group, it does not appear that the length of residence of cases leaving our State schools is showing any tendency to decrease. If anything, the averages are tending to rise to slightly higher levels.

TABLE 125. — *Average Time on Books, Time Spent Out and Net Time Within Institutions during This Admission of All Discharges, 1935, by Mental Status and Sex*

MENTAL STATUS	AVERAGE TIME ON BOOKS			AVERAGE TIME SPENT OUT			AVERAGE NET TIME WITHIN INSTITUTIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	6.24	1.89	4.18	.81	1.50	.91	5.43	.39	3.27
Imbecile	9.82	8.87	9.43	2.65	2.18	2.46	7.17	6.69	6.97
Moron	9.86	10.12	9.94	2.86	4.25	3.41	7.00	5.87	6.53
Not Mentally Defective	7.28	11.19	9.09	2.70	4.08	3.39	4.58	7.11	5.70
Total	8.95	9.81	9.29	2.73	3.89	3.19	6.22	5.92	6.10

(See Table 272 for detail).

AVERAGE NET TIME IN STATE SCHOOLS DURING THE PRESENT ADMISSION OF PATIENTS DISCHARGED DURING 1935, BY MENTAL STATUS

Table 125 demonstrates the time spent within institutions and the time spent out on visit, parole, etc. during the present admission of cases discharged during 1935, by mental status. The totals reveal that all cases discharged remained in schools an average net time of 6.1 years, 6.2 years for the males and 5.9 years for the females. Further inspection of this table brings out the fact that length of school stay is not correlated with intellectual status. The idiots remained within schools an average of 3.2 years, the imbeciles remained 6.9 years, the morons 6.5 years, and the group not mentally defective a total of 5.7 years. It should be recalled in this connection that many of these higher grade cases are those showing the most troublesome behavior problems. In the idiot, imbecile and moron groups the males remained longer than the females. However, in the not mentally defective group the females remained longer than the males.

In reference to the time spent out of the schools previous to discharge, we notice a marked correlation with mental status. Here the idiots remained out nearly a year, .91 years; the imbeciles 2.4 years; the morons 3.4 years; and the not mentally defective group 3.3 years. The longer period that the higher grade cases are held under supervision is accounted for by the fact that they constitute the best material for parole. Many of the cases of lower grade are discharged directly to their families.

TABLE 126. — *Net Time in Residence, Cases Discharged during 1935, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			NET TIME IN RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	5	4	9	4.60	1.43	3.19
5-9 years	48	18	66	8.82	5.97	8.04
10-14 years	78	41	119	6.56	6.80	6.64
15-19 years	36	37	73	4.32	5.99	5.16
20-24 years	4	18	22	2.15	6.04	5.34
25-29 years	1	5	6	12.50	3.90	5.33
30-34 years	1	1	2	.12	.62	.37
35-39 years	1	1	2	12.50	3.50	8.00
40-44 years	—	1	1	—	.12	.12
45-49 years	—	—	—	—	—	—
50 years and over	—	—	—	—	—	—
Total	174	126	300	6.22	5.92	6.10

NET TIME IN RESIDENCE BY AGE AT ADMISSION: ALL PATIENTS DISCHARGED DURING 1935

Table 126 shows the net time in residence of all cases discharged, by age at admission. Discarding the age groups over 30 years because of small numbers, we note that the longest school residence occurs in those admitted in the 5-9 year age group, 8.0 years. Patients admitted under 5 years showed the shortest residence

of 3.1 years. Admissions 10-14 years of age remained an average of 6.6 years; those 15-19 years of age, 5.1 years; and the 20-24 and 25-29 year age groups 5.3 years each. In the age groups up to 9 years, the males tended to remain longer than the females. From 10 to 24 years, however, the females remained longer within the school.

TABLE 127. — *Times Out on Visit during This Admission, Discharges from State Schools, 1935, by School; Number and Averages*

STATE SCHOOLS	NUMBER			AVERAGE TIMES OUT		
	M.	F.	T.	M.	F.	T.
Belchertown	36	24	60	3.25	2.45	2.93
Walter E. Fernald	71	28	99	4.60	3.78	4.37
Wrentham	67	74	141	3.85	3.40	3.61
Total	174	126	300	4.03	3.30	3.73

(See Table 271 for detail).

AVERAGE NUMBER OF TIMES OUT ON VISIT DURING THIS ADMISSION,
ALL PATIENTS DISCHARGED DURING 1935

Table 127 discusses the average number of times out on visit during this admission of all patients discharged from State schools during the year 1935, by school. The highest average number of times out on visit occurred in the Walter E. Fernald State School discharges, an average of 4.37 times. The Wrentham State School is next in order with an average of 3.61 visits per discharge, and Belchertown the lowest with an average of 2.93. For all schools we note that all discharges during the year averaged 3.73 visits during this particular admission. The males, with an average of 4.03 show a greater tendency to go out on visit than do the females, 3.30 times. This is true in each of the State schools.

CAPABILITY ON DISCHARGE OF CASES DISCHARGED, 1935, BY CLINICAL
DIAGNOSES

Table 128 demonstrates the capability on discharge of cases leaving State schools during 1935 divided into the various clinical groups. It should be recalled that the clinical groups familial, other forms and undifferentiated are the only ones presenting sufficiently large numbers of discharges to warrant any serious discussion. The total shows us that 28 per cent of these discharges were considered as capable of self-support, 37 per cent were capable of partial self-support, and 34 per cent were incapable of productive work.* Sixty-five per cent, or over three out of every five cases discharged are able to support themselves either wholly or partially. About the same proportion of males and females are capable of self-support. However, more males are capable of partial self-support, 42 per cent as against 30 per cent for the females. In the group incapable of productive work, we find 29 per cent of males and 41 per cent of females.

The undifferentiated group shows the highest percentage that are capable of self-support, 38.2 per cent. The group with mongolism shows 33 per cent of cases falling within this classification. The familial group with 29 per cent, and other forms with 10 per cent are the only other clinical groups showing any cases capable of self-support. In the cases capable of partial self-support we find that 66 per cent of the group post-traumatic — natal, 46 per cent of the familial group, 40 per cent of cases with endocrine disorders, 38 per cent of the undifferentiated, and 36 per cent of the post-infectious cases fall in this classification. Among those incapable of productive work, the groups with developmental cranial anomalies, congenital paralyses and with epilepsy — symptomatic show 100 per cent of cases. The group with hereditary mental defect shows the low percentage of 23 per cent of cases in this classification.

* "Capable of self-support" — has been able to retain a position and earn his living during the parole period. "Capable of partial self-support" — has been able to avoid serious difficulties and to earn wages to cover part of the cost of his maintenance. "Incapable of productive work" — has been entirely dependent on relatives or friends.

TABLE 128. — *Capability on Discharge of Discharges, 1935, by Clinical Diagnoses and Sex: Percentages*

CLINICAL DIAGNOSES	TOTAL			CAPABLE OF SELF-SUPPORT			CAPABLE OF PARTIAL SELF-SUPPORT			INCAPABLE OF PRODUCTIVE WORK		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	100.0	100.0	100.0	24.5	35.6	29.6	60.4	31.1	46.9	15.1	33.3	23.5
Mongolism	100.0	100.0	100.0	50.0	—	33.3	—	—	—	50.0	100.0	66.7
With developmental cranial anomalies	100.0	100.0	100.0	—	—	—	—	—	—	100.0	100.0	100.0
With congenital cerebral spastic infantile paralyses	—	100.0	100.0	—	—	—	—	—	—	—	100.0	100.0
Post-infectious	100.0	100.0	100.0	—	—	—	75.0	14.3	36.4	25.0	85.7	63.6
Post-traumatic — natal	100.0	—	100.0	—	—	—	66.7	—	66.7	33.3	—	33.3
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	100.0	100.0	100.0	—	—	—	—	—	—	100.0	100.0	100.0
With epilepsy — idiopathic	100.0	100.0	100.0	—	—	—	33.3	—	25.0	66.7	100.0	75.0
With endocrine disorders	100.0	100.0	100.0	—	—	—	100.0	—	40.0	—	100.0	60.0
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	100.0	100.0	100.0	38.6	37.7	38.2	36.1	41.5	38.2	25.3	20.8	23.6
Undifferentiated	100.0	100.0	100.0	15.0	—	10.7	20.0	12.5	17.9	65.0	87.5	71.4
Other forms	—	—	—	—	—	—	—	—	—	—	—	—
Total	100.0	100.0	100.0	28.2	28.6	28.3	42.5	30.1	37.3	29.3	41.3	34.4

(See Table 270 for detail).

TABLE 129. — *Average Intelligence Quotient of Discharges from State Schools, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE I. Q.		
	M.	F.	T.	M.	F.	T.
Familial	53	45	98	.60	.65	.62
Mongolism	2	1	3	.40	.45	.41
With developmental cranial anomalies	3	3	6	.38	.12	.25
With congenital cerebral spastic infantile paralyses	—	4	4	—	.43	.43
Post-infectious	4	7	11	.55	.46	.50
Post-traumatic — natal	3	—	3	.52	—	.52
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	1	1	2	.55	.55	.55
With epilepsy — idiopathic	3	1	4	.45	.15	.37
With endocrine disorders	2	3	5	.60	.42	.49
With familial amaurosis	—	—	—	—	—	—
With tuberosus sclerosis	—	—	—	—	—	—
With other organic nervous disease	—	—	—	—	—	—
Undifferentiated	83	53	136	.62	.64	.63
Other forms	20	8	28	.54	.51	.53
Total	174	126	300	.59	.59	.59

(See Table 269 for detail).

AVERAGE INTELLIGENCE QUOTIENT OF DISCHARGES, 1935, BY CLINICAL DIAGNOSES

Table 129 describes the average intelligence quotient of discharges in the various clinical groups. Owing to the small number of cases involved in certain of the clinical groupings no sweeping conclusions can be drawn from these findings. All clinical groups together show an average intelligence quotient at discharge of .59, .59 for the males and .59 for the females. In this connection we recall (Table 115) that in the first admissions the males and females also showed similar average intelligence quotients. In the clinical diagnosis groups the undifferentiated show the high average I. Q. of .63. The familial group is second with an average of .62, and the group with epilepsy — symptomatic is third with an average of .55. Again referring to Table 115 we note that the group with hereditary mental defect, the familial, shows a high admission I. Q. while in the present table it is evident that they also show a high discharge I. Q. The lowest average intelligence quotients at discharge are seen in the groups with developmental cranial anomalies, .25; with epilepsy — idiopathic, with .37; and mongolism with .41. In three of the clinical groups the females present higher average intelligence quotients at discharge, and in five groups the males present the higher averages.

TABLE 130. — *Average Age of Discharges from State Schools, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Familial	53	45	98	20.70	25.85	23.07
Mongolism	2	1	3	17.50	7.50	14.16
With developmental cranial anomalies	3	3	6	6.50	4.83	5.66
With congenital cerebral spastic infantile paralyses	—	4	4	—	17.50	17.50
Post-infectious	4	7	11	21.25	19.64	20.22
Post-traumatic — natal	3	—	3	17.50	—	17.50
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	1	1	2	27.50	7.50	17.50
With epilepsy — idiopathic	3	1	4	19.16	12.50	17.50
With endocrine disorders	2	3	5	20.00	12.50	15.50
With familial amaurosis	—	—	—	—	—	—
With tuberosus sclerosis	—	—	—	—	—	—
With other organic nervous disease	—	—	—	—	—	—
Undifferentiated	83	53	136	22.45	26.38	23.98
Other forms	20	8	28	21.87	31.57	24.64
Total	174	126	300	21.17	24.36	22.51

(See Table 268 for detail).

AVERAGE AGE OF DISCHARGES, 1935, BY CLINICAL DIAGNOSES

Table 130 outlines the average age at discharge of cases in the various clinical groups. The small numbers within certain of these groups preclude the possibility of making any sweeping generalizations concerning the averages presented. All discharges averaged 22.5 years of age at the time of leaving the State schools, 21.1 years for the males and 24.3 years for the females. The highest average age at discharge of 24.6 years is seen in the group other forms. The groups undifferentiated and the familial are second in order with average ages of 23.9 and 23.0 years, respectively. The lowest discharge ages are seen in the groups mongolism, 14.1 years, and developmental cranial anomalies, 5.6 years. In the groups mongolism, with developmental cranial anomalies, post-infectious, with epilepsy — symptomatic, with epilepsy — idiopathic, and with endocrine disorders, the males present the higher discharge ages. In the groups familial, undifferentiated, and other forms, the females show the higher average discharge ages.

TABLE 131. — *Length of School Residence of Discharges, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	53	45	98	6.66	5.68	6.21
Mongolism	2	1	3	3.93	1.50	3.12
With developmental cranial anomalies	3	3	6	.37	.66	.52
With congenital cerebral spastic infantile paralyses	—	4	4	—	2.03	2.03
Post-infectious	4	7	11	5.71	3.57	4.35
Post-traumatic — natal	3	—	3	3.45	—	3.45
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	1	1	2	17.50	.12	8.81
With epilepsy — idiopathic	3	1	4	3.70	.12	2.81
With endocrine disorders	2	3	5	4.18	2.75	3.32
With familial amaurosis	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—
With other organic nervous disease	—	—	—	—	—	—
Undifferentiated	83	53	136	7.02	7.14	7.07
Other forms	20	8	28	6.89	8.37	7.31
Total	174	126	300	6.22	5.92	6.10

(See Table 273 for detail).

AVERAGE LENGTH OF RESIDENCE DURING THIS ADMISSION, CASES
DISCHARGED, 1935, BY CLINICAL DIAGNOSES

Table 131 shows the length of residence of discharges, 1935, in the various clinical groups. All cases discharged reveal an average net length of residence of 6.1 years, 6.2 years for the males and 5.9 years for the females. The group with epilepsy — symptomatic remained for the longest period with an average of 8.8 years. The group other forms are second with an average of 7.3 years and the undifferentiated are third with an average of 7.0 years. The shorter averages are observed in developmental cranial anomalies, .52 years; congenital paralyses, 2.0 years; and with epilepsy — idiopathic, 2.8 years. In the groups familial, mongolism, post-infectious, with epilepsy — symptomatic, with epilepsy — idiopathic, and with endocrine disorders, the males reveal the longer residence. In the groups developmental cranial anomalies, undifferentiated, and other forms, the females present the longer school residence.

Section J. Deaths Occurring in State Schools for the Mentally Deficient During
1935

The following section presents data in reference to cases dying within the three State schools during the statistical year ended September 30, 1935.

DEATHS IN STATE SCHOOLS, 1917-1935, INCLUSIVE

Table 132 presents the numbers and rates per thousand under treatment of all deaths in State schools over the period 1917-1935. The total for both sexes shows the high rate of 50.3 in the year 1919, and the low rate of 8.0 in 1931. While there is a slight downward trend over the years, it does not follow the extremes suggested

TABLE 132. — *Deaths in State Schools, 1917-1935, by Sex: Rates per 1,000 Cases Under Treatment*

YEARS	NUMBER UNDER TREATMENT			DEATHS			RATES PER 1,000 UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,614	1,350	2,964	23	16	39	14.2	11.8	13.1
1918	1,591	1,398	2,989	40	29	69	25.1	20.7	23.0
1919	1,609	1,412	3,021	99	53	152	61.5	37.5	50.3
1920	1,721	1,513	3,234	22	16	38	12.7	10.5	11.7
1921	1,589	1,554	3,143	20	23	43	12.5	14.8	13.6
1922	1,596	1,595	3,191	15	15	30	9.3	9.3	9.4
1923	1,742	1,714	3,456	30	27	57	17.2	15.7	16.4
1924	1,866	1,846	3,712	30	20	50	16.0	10.8	13.4
1925	1,964	1,965	3,929	33	16	49	16.8	8.1	12.4
1926	1,961	2,044	4,005	26	26	52	13.2	12.7	12.9
1927	2,079	2,060	4,139	31	26	57	14.9	12.6	13.7
1928	2,130	2,062	4,192	38	27	65	17.8	13.0	15.5
1929	2,126	2,061	4,187	36	24	60	16.9	11.6	14.3
1930	2,186	2,216	4,402	22	27	49	10.0	12.1	11.1
1931	2,250	2,365	4,615	18	19	37	8.0	8.0	8.0
1932	2,329	2,467	4,796	26	37	63	11.1	14.9	13.1
1933	2,438	2,566	5,004	33	32	65	13.5	12.4	12.9
1934	2,507	2,688	5,195	40	44	84	15.9	16.3	16.1
1935	2,601	2,768	5,369	28	32	60	10.8	11.6	11.2

by the high and low rates. In the sexes, the males show higher death rates in twelve of the nineteen years. The females show higher rates in five years, while the rates are the same for both sexes in two years. It is interesting to note these higher death rates in the males in view of the fact that the resident population of State schools is comprised largely of younger males and older females. We observe that the few years in which the females show higher rates than males have occurred during the past five or six years, namely, 1930, 1932, 1934 and 1935. In general there is a slight downward trend in the death rates of State schools over the nineteen-year period observed.

TABLE 133. — *Deaths in State Schools, 1935, by School: Numbers and Rates per 1,000 Cases Under Treatment¹*

STATE SCHOOLS	NUMBER UNDER TREATMENT			DEATHS			RATES PER 1,000 UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	580	781	1,361	6	8	14	10.	10.	10.
Walter E. Fernald	1,120	840	1,960	10	12	22	8.	14.	11.
Wrentham	901	1,147	2,048	12	12	24	13.	10.	11.
Total	2,601	2,768	5,369	28	32	60	10.	11.	11.

¹Cases under treatment are obtained by adding the Resident Population on September 30, 1935, and Discharges and Deaths during the year 1935.

NUMBER OF DEATHS IN STATE SCHOOLS, 1935, BY SCHOOL: RATES PER 1,000 CASES UNDER TREATMENT

A total of 60 cases died in all State schools during the last statistical year; 28 males and 32 females, (Table 133). Wrentham State School presented the largest number of deaths with 24. Next in order is Walter E. Fernald with 22 deaths, and last Belchertown with 14 deaths.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate for all schools taken together was 11 persons; 10 deaths per 1,000 males, and 11 deaths per 1,000 females under treatment.

Wrentham and Fernald present the highest rate with 11 deaths each per 1,000 patients. Belchertown showed a rate of 10 patients dying per 1,000 under treatment. We observe that there is a slight variation in the death rate for the sexes.

The Belchertown State School showed comparable rates for both sexes, the Walter E. Fernald State School showed higher rates for females, while Wrentham showed the higher death rate for the males.

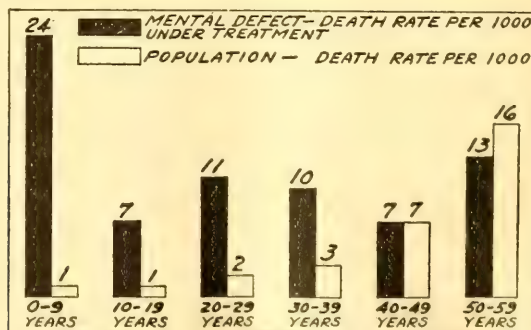
AGE DISTRIBUTION OF DEATHS IN STATE SCHOOLS, 1935: RATES
PER 1,000 CASES UNDER TREATMENT OF SAME MENTAL STATUS GROUPS

Table 134 shows the present age of all cases under treatment during the year, the age at death of all cases dying during 1935, and the death rates per 1,000 cases under treatment of the same age and mental status groups. Excluding the age group 60 years and over because of the few cases concerned, it will be observed that the age group 0-9 years showed the highest death rate, 24 per 1,000 under treatment. The age groups 20-29 years and 50-59 years are next in order with rates of 11 and 13, respectively. Graph 13 presents the death rates per 1,000 under treatment for each age group compared with the death rate in the general population during 1935.

TABLE 134. — *Deaths at State Schools, 1935, by Mental Status and Age at Death:*
Rates per 1,000 Cases Under Treatment of Same Mental Status Age Groups

		AGE DISTRIBUTION							
MENTAL STATUS	Sex	All Ages	0-9 Years	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 Years and over
Idiot	M.	40.2	49.2	38.0	28.3	65.2	—	100.0	—
	F.	26.2	46.9	20.4	10.6	20.4	38.5	111.1	—
	T.	33.9	48.0	31.9	20.0	42.1	23.8	105.3	—
Imbecile	M.	4.7	18.7	5.9	—	—	9.9	—	—
	F.	16.9	30.0	3.4	34.9	10.3	—	—	111.1
	T.	10.8	24.2	4.7	17.3	5.5	4.6	—	64.5
Moron	M.	5.9	—	3.8	10.1	13.0	—	—	—
	F.	3.9	15.9	—	4.4	4.1	10.0	—	—
	T.	4.8	7.2	2.2	6.6	6.2	7.8	—	—
Not Mentally Defective	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—
	T.	—	—	—	—	—	—	—	—
Total	M.	10.8	18.8	10.1	8.3	13.5	6.8	15.4	—
	F.	11.6	30.4	3.7	14.8	7.9	8.1	12.0	69.0
	T.	11.2	24.2	7.4	11.9	10.0	7.6	13.5	41.7

(See Table 289 for detail)

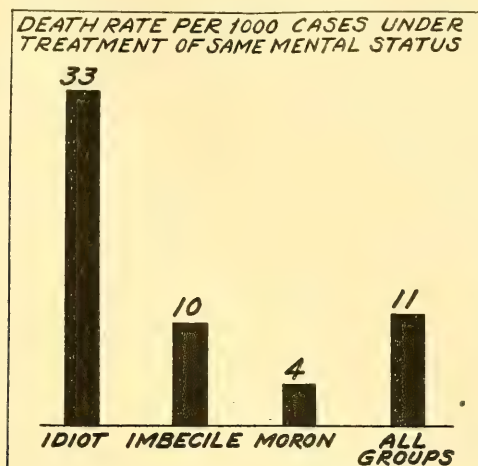


GRAPH 13. — DEATH RATES IN MENTAL DEFICIENCY (STATE SCHOOLS) COMPARED WITH GENERAL POPULATION OF MASSACHUSETTS BY CERTAIN AGE GROUPS.

In considering the death rates in the separate mental status groups (Table 134 and Graph 14) we note that the idiots show the highest death rate of 33 per 1,000 under treatment during the year. The imbeciles are next in order with a rate of

10, and the morons third with a rate of 4. No patients died during the year who were classified in the not mentally defective group. A total rate of 11 patients died per 1,000 under treatment during the year, 10 males and 11 females. The death rate for the imbeciles was over twice that of the morons. The rate for the idiots was eight times that of the morons.

Comparing the total death rate of 11 persons per 1,000 under treatment with the death rate of 67.0 per 1,000 under treatment in hospitals for mental disease (Table 67), we note that the death rate in hospitals is over six times as high as that observed in the State schools.



GRAPH 14.—PATIENTS DYING IN STATE SCHOOLS, 1935. RATES PER 1,000 CASES UNDER TREATMENT OF SAME MENTAL STATUS.

DEATH RATES BY CLINICAL DIAGNOSES AND AGE DISTRIBUTION

In Table 135 we observe the death rates in the various clinical groups by age at death. In the total line it will be observed that 11 cases out of each 1,000 under treatment died during 1935. The age group 60 years and over reveals the highest death rate of 41, while the age group 0-9 years is second with a rate of 24 cases per thousand under treatment. The rates are somewhat lower in the intermediate age groups. It should be recalled that the majority of cases in our State schools are in the younger age groups, which show the lower death rates. Of course the death rates for infants under two years are higher, but cases of this age are practically unknown in the State schools. In spite of this excess of cases in the younger age groups, we observe that the death rate of 11 per thousand is comparable to that of 11.6 for the entire population including all age groups for the State during 1935. In general, we see a high death rate in those groups under ten years of age and again higher rates from the age of 50 onward.

In the sexes the males show high death rates in the age groups 10-19, 30-39, and 50-59 years. In the age groups, 0-9, 20-29 and 40-49 years the females show the higher death rates. In the clinical diagnostic groups the high death rate of 83 occurs in the group with familial amaurosis. Second in order is the group with other organic nervous disease with a rate of 76, while the group with mongolism is third with a rate of 52. The low death rates are observed in the groups undifferentiated, with a rate of 7; other forms, with a rate of 5; and the familial cases with a rate of 4. The females show higher death rates in nearly all of the clinical groupings.

TABLE 135. — *Deaths at State Schools, 1935, by Clinical Diagnoses and Age at Death: Rates per 1,000 Cases under Treatment¹ of Same Clinical Group and Age*

CLINICAL DIAGNOSES	TOTAL			0-9 YEARS			10-19 YEARS			20-29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	1.5	6.0	4.2	—	41.7	19.2	—	—	—	4.9	8.2	7.0
Mongolism	50.0	55.6	52.8	41.7	45.5	44.1	—	—	—	—	181.8	74.1
With developmental cranial anomalies	13.5	71.4	38.5	—	40.0	26.3	—	20.4	46.3	—	142.9	55.6
With congenital cerebral spastic infantile paralyses	19.4	39.6	30.5	111.1	100.0	105.3	32.3	30.3	31.3	—	—	—
Post-infectious	7.6	14.0	10.9	—	—	—	—	—	—	—	26.3	13.5
Post-traumatic — natal	14.7	22.2	17.8	—	—	—	27.0	—	20.4	—	—	—
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	—	52.6	35.7	—	—	—	—	250.0	125.0	—	—	—
With epilepsy — idiopathic	35.1	16.9	25.9	142.9	—	76.9	35.7	—	21.7	—	—	—
With endocrine disorders	—	—	—	—	—	—	—	—	—	250.0	—	200.0
With familial amaurosis	111.1	—	83.3	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	125.0	—	76.9	—	—	—	—	—	—	500.0	—	333.3
Undifferentiated	9.0	6.1	7.6	18.0	17.9	18.0	9.7	—	5.7	9.4	9.1	9.3
Other forms	11.2	—	5.8	—	—	—	—	—	—	—	—	—
Total	10.8	11.6	11.2	18.8	30.4	24.2	10.1	3.7	7.4	8.3	14.8	11.9

¹Cases under treatment include the resident population on September 30, 1935, plus all discharges and deaths during the year 1935.

TABLE 135. — Deaths at State Schools, 1935, by Clinical Diagnoses and Age at Death: Rates per 1,000 Cases under Treatment¹ of Same Clinical Group and Age — Concluded

CLINICAL DIAGNOSES	30-39 YEARS			40-49 YEARS			50-59 YEARS			60 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	—	5.0	3.9	—	—	—	—	—	—	—	—	—
Mongolism	1,000.0	200.0	125.0	—	—	—	—	—	—	—	—	—
With developmental cranial anomalies	—	62.5	52.6	200.0	166.7	—	1,000.0	—	1,000.00	—	—	—
With congenital cerebral spastic infantile paralyses	—	62.5	31.3	—	—	—	—	—	—	—	333.3	333.3
Post-infectious	62.5	—	28.6	—	—	—	—	166.7	111.1	—	—	—
Post-traumatic — natal	—	90.9	41.7	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	—	—	—	—	—	—	—	—	—	—	—	—
With endocrine disorders	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	500.0	500.0
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	6.7	5.3	5.9	—	11.5	6.1	—	—	—	—	—	—
Undifferentiated	38.5	—	15.9	40.0	—	18.9	—	—	—	—	—	—
Other forms	—	—	—	—	—	—	—	—	—	—	—	—
Total	13.5	7.9	10.0	6.8	8.1	7.6	15.4	12.0	13.5	—	69.0	41.7

¹Cases under treatment include the resident population on September 30, 1935 plus all discharges and deaths during the year 1935.

TABLE 136. — *Economic Status of Deaths in State Schools, 1935, by Mental Status and Sex: Death Rates per 1,000 of Same Economic Status Groups under Treatment*

ECONOMIC STATUS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under treatment	871	1,179	2,050	90	81	171	327	373	700	414	670	1,084	40	55	95
Deaths	4	8	12	1	2	3	—	5	5	3	1	4	—	—	—
Rate per 1,000	4.6	6.8	5.9	11.1	24.7	17.5	—	13.4	7.1	7.2	1.5	3.7	—	—	—
Marginal:															
Under treatment	1,632	1,496	3,128	304	239	543	688	643	1,331	589	576	1,165	51	38	89
Deaths	23	23	46	15	7	22	5	12	17	3	4	7	—	—	—
Rate per 1,000	14.1	15.4	14.7	49.3	29.3	40.5	7.3	18.7	12.8	5.1	6.9	6.0	—	—	—
Comfortable:															
Under treatment	87	78	165	26	17	43	41	43	84	19	18	37	1	—	1
Deaths	1	1	2	1	—	1	—	1	1	—	—	—	—	—	—
Rate per 1,000	11.5	12.8	12.1	38.5	—	23.3	—	23.3	11.9	—	—	—	—	—	—
Unknown:															
Under treatment	11	15	26	3	6	9	6	3	9	2	6	8	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rate per 1,000	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total:															
Under treatment	2,601	2,768	5,369	423	343	766	1,062	1,062	2,124	1,024	1,270	2,294	92	93	185
Deaths	28	32	60	17	9	26	5	18	23	6	5	11	—	—	—
Rate per 1,000	10.8	11.6	11.2	40.2	26.2	33.9	4.7	16.9	10.8	5.9	3.9	4.8	—	—	—

ECONOMIC STATUS OF DEATHS, 1935

Table 136 outlines the economic status of cases dying in State schools during 1935 by mental status, and shows the death rates per thousand cases under treatment of the same economic status. The total line of this table demonstrates that 11 cases died out of each 1,000 under treatment during 1935, the rates being approximately the same for both sexes. The idiots show the high death rate of 33, the imbeciles present a death rate of 10, and the morons a rate of 4. The group not mentally defective had no deaths during the year. In these totals the males present higher death rates in the idiots and the morons. The females show a higher death rate in but one group, that of the imbeciles. Turning to the totals of the economic status groups we observe that the dependent cases show the low death rate of 5, 4 for the males and 6 for the females. The comfortable group is next in order with a rate of 12, 11 for the males and 12 for the females. The marginal group is third with the highest death rate of 14, 14 for the males and 15 for the females. It is to be noted that the cases of dependent economic status show the lowest death rate. This contrasts sharply with the situation in mental diseases (Table 67) which shows that patients of dependent status have the highest death rate.

AVERAGE AGE AT DEATH

Table 137 outlines the average age at death of patients dying in State schools during 1935 by mental status. The totals show an average of 23.4 years at death for all cases dying, 21.2 years for the males and 25.2 years for the females. The idiot group showed the lowest average age at death of 20.5 years. The morons are next with an average of 24.4 years, and the imbeciles next with 25.1 years. The idiots are the only group in which a higher age at death is seen among the males, 21.0 years as compared with 19.5 years for the females. In the other mental status groups the female imbeciles averaged seven years older than the males and in the morons they averaged two years older than the males. In general, this result reflects the finding observed in the general population, namely, younger ages at death for males as compared with females. However, the difference is much more pronounced among these cases than among the sexes in the population death rates.

TABLE 137. — *Average Age of Deaths in State Schools, 1935, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE AGE AT DEATH IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	17	9	26	21.03	19.56	20.52
Imbecile	5	18	23	19.50	26.77	25.19
Moron	6	5	11	23.33	25.70	24.41
Not Mentally Defective	—	—	—	—	—	—
Total	28	32	60	21.25	25.28	23.40

(See Table 274 for detail)

Table 138 presents the age at death of all patients dying in State schools during 1935. Of the 60 deaths, 26 or 43 per cent were under 20 years of age; 19, or 31 per cent were between 20–29 years of age; and 15 or 25 per cent were 30 years of age or over. The average age at death was 23.4 years, 21.2 years for the males and 25.2 years for the females. Belchertown presents the youngest average age at death of 15.0 years, 15.8 years for the males and 14.5 years for the females. The average at Wrentham was 18.0 years, 15.4 years for the males and 20.5 years for the females. Fernald shows the highest average age of 34.3 years, 31.5 years for the males and 36.7 years for the females.

LENGTH OF RESIDENCE IN STATE SCHOOLS OF ALL PATIENTS DYING, 1935,
BY MENTAL STATUS

Table 139 gives the length of school stay during all admissions of cases dying in State schools during 1935 by mental status. The totals reveal that all cases dying remained an average of 10.9 years previous to death, 10.2 years for the males and 11.6 years for the females. The lowest average length of stay occurs in the moron

group with 9.4 years. The imbecile group shows an average residence before death of 9.6 years; and the idiot group 12.7 years. We observe here a correlation between intellectual status and longer lengths of school stay previous to death. In the moron group the males present a longer residence than the females. However, in the idiot and imbecile groups the length of residence for the females is longer than that for the males.

TABLE 138. — *Age at Death of All Patients Who Died in State Schools, 1935, by School and Sex*

AGE GROUPS	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	—	3	3	—	1	1	—	—	—	—	2	2
5-9 years	5	4	9	2	3	5	—	—	—	3	1	4
10-14 years	3	3	6	1	1	2	—	—	—	2	2	4
15-19 years	8	—	8	2	—	2	2	—	2	4	—	4
20-24 years	6	5	11	—	1	1	3	3	6	3	1	4
25-29 years	—	8	8	—	1	1	—	3	3	—	4	4
30-34 years	2	3	5	1	1	2	1	1	2	—	1	1
35-39 years	2	1	3	—	—	—	2	1	3	—	—	—
40-44 years	—	2	2	—	—	—	—	1	1	—	1	1
45-49 years	1	—	1	—	—	—	1	—	1	—	—	—
50-54 years	—	1	1	—	—	—	—	1	1	—	—	—
55-59 years	1	—	1	—	—	—	1	—	1	—	—	—
60 years and over	—	2	2	—	—	—	—	2	2	—	—	—
Total	28	32	60	6	8	14	10	12	22	12	12	24
Average Age	21.2	25.2	23.4	15.8	14.5	15.0	31.5	36.7	34.3	15.4	20.5	18.0

TABLE 139. — *Length of School Residence During ALL Admissions, Deaths in State Schools, 1935, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	17	9	26	12.2	13.8	12.7
Imbecile.	5	18	23	3.2	11.4	9.6
Moron	6	5	11	10.5	8.1	9.4
Not Mentally Defective	—	—	—	—	—	—
Total	28	32	60	10.2	11.6	10.9

(See Table 277 for detail)

TABLE 140. — *Length of School Residence During THIS Admission, Deaths in State Schools, 1935, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	17	9	26	11.9	10.4	11.4
Imbecile.	5	18	23	3.2	11.1	9.4
Moron	6	5	11	10.6	8.1	9.4
Not Mentally Defective	—	—	—	—	—	—
Total	28	32	60	10.0	10.4	10.2

Table 140 gives the length of school residence during the *present* admission of patients dying in State schools during 1935. The 60 patients dying had remained in residence a total of 10.2 years previous to death. The average for the males was 10.0 years and for the females, 10.4 years. The idiots show the longest school residence previous to death, 11.4 years, 11.9 years for the males, and 10.4 years for the females. The imbeciles show an average of 9.4 years, 3.2 years for the males,

TABLE 141. — *Causes of Death of Patients Dying in State Schools, 1935, by Clinical Diagnosis and Sex: Number and Percentage Distribution*

CAUSES OF DEATH		Total		Familial		Mongolism		With developmental cranial anomalies		With congenital cerebral spastic infantile paralyses		Post-infectious		Post-traumatic — natal	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Infectious and Parasitic Diseases		15	25.0	2	28.5	8	61.5	1	20.0	1	16.7	—	—	—	—
II. Cancer and other tumors		2	3.3	—	—	—	—	—	—	—	—	—	—	—	—
III. Rheumatic diseases, nutritional diseases, diseases of endocrine glands and other general diseases		2	3.3	1	14.3	—	—	—	—	—	—	—	—	—	—
VI. Diseases of the nervous system and of the organs of special sense		6	10.0	—	—	1	7.7	—	—	1	16.7	1	33.3	—	—
VII. Diseases of the circulatory system		2	3.3	—	—	—	—	1	20.0	—	—	—	—	—	—
VIII. Diseases of the respiratory system		17	28.3	1	14.3	2	15.4	1	20.0	4	66.6	2	66.7	—	—
IX. Diseases of the digestive system		6	10.0	1	14.3	—	—	1	20.0	—	—	—	—	1	50.0
X. Diseases of the genito-urinary system		3	5.0	—	—	1	7.7	—	—	—	—	—	—	—	—
XI. Congenital Malformations		2	3.3	—	—	—	—	1	20.0	—	—	—	—	—	—
XIV. Violent and Accidental Deaths		4	6.8	2	28.5	1	7.7	—	—	—	—	—	—	—	—
XVIII. Ill-Defined Causes of Death		1	1.7	—	—	—	—	—	—	—	—	—	—	1	50.0
Total		60	100.0	7	100.0	13	100.0	5	100.0	6	100.0	3	100.0	2	100.0

CAUSES OF DEATH		With epilepsy — symptomatic		With epilepsy — idiopathic		With familial amaurosis		With other organic nervous disease		Undifferentiated		Other forms	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Infectious and parasitic diseases		—	—	—	—	—	—	1	100.0	2	12.5	—	—
II. Cancer and other tumors		—	—	1	33.3	—	—	—	—	1	6.3	—	—
III. Rheumatic diseases, nutritional diseases, diseases of endocrine glands and other general diseases		—	—	—	—	—	—	—	—	—	—	—	—
VI. Diseases of the nervous system and of the organs of special sense		—	—	1	33.3	—	—	—	—	2	12.5	—	—
VII. Diseases of the circulatory system		—	—	—	—	—	—	—	—	1	6.3	—	—
VIII. Diseases of the respiratory system		—	—	1	33.3	1	100.0	—	—	5	31.1	1	50.0
IX. Diseases of the digestive system		—	—	—	—	—	—	—	—	3	18.7	—	—
X. Diseases of the genito-urinary system		1	100.0	—	—	—	—	—	—	1	6.3	—	—
XIV. Congenital malformations		—	—	—	—	—	—	—	—	—	—	—	—
XVII. Violent and accidental deaths		—	—	—	—	—	—	—	—	1	6.3	—	—
XVIII. Ill-defined causes of death		—	—	—	—	—	—	—	—	—	—	1	50.0
Total		1	100.0	3	100.0	1	100.0	1	100.0	16	100.0	2	100.0

and 11.1 years for the females. The morons also show a residence of 9.4 years, 10.6 years for the males and 8.1 years for the females. This table is somewhat unusual in its figure for the long school stay of idiots previous to death. Knowing the frequent physical disorders which accompany mental status of the lower ranges, we are surprised that this group survived for a longer period than those of higher mental ratings.

CAUSES OF DEATH OF PATIENTS DYING IN STATE SCHOOLS, 1935, BY CLINICAL DIAGNOSES

Table 141 presents the causes of death in patients dying in State schools during 1935 according to the various clinical groupings. The totals show that the diseases of the respiratory system accounted for 28 per cent of deaths. Infectious diseases are second, accounting for 25 per cent of deaths, and diseases of the nervous system, etc. and diseases of the digestive system are third with 10 per cent of deaths. In discussing the clinical groups we will not include those having less than five deaths owing to the variations in small numbers. Cases of hereditary mental defect, familial, show an excess of deaths in the infectious diseases and in violent and accidental deaths. The mongol group shows an excess in infectious diseases and diseases of the respiratory system. Developmental cranial anomalies show proportionate figures throughout the various causes of death. Cases with congenital cerebral spastic infantile paralyses are high in the respiratory diseases. The post-infectious group is also high in diseases of the respiratory system as causes of death. The undifferentiated group shows high percentages of deaths among diseases of the respiratory system and diseases of the digestive system. The small number of deaths for a single year renders unreliable comparative statistics between the clinical groups. However, with the accumulation of years we will have more reliable data at hand.

CAUSES OF DEATH, 1935, BY MENTAL STATUS

Table 142 gives the percentage distribution of the causes of death in the various mental status groups for 1935. In the totals, the two prominent causes of death are bronchopneumonia and tuberculosis of the respiratory system with 18.3 per cent each. In the idiot group, we observe that bronchopneumonia with 26.9 per cent is first; lobar pneumonia with 11.5 per cent is second; and tuberculosis of the respiratory system and tuberculosis of other organs are third with 7.8 per cent each. In this group we also find a large percentage of deaths because of epilepsy and intestinal obstruction. In the imbecile group, tuberculosis of the respiratory system is first with 39 per cent, and bronchopneumonia and lobar pneumonia are second with 8.8 per cent each. In the moron group, tuberculosis drops out as a cause of death, and we find that the first position is held by bronchopneumonia with 18.1 per cent. While the numbers of cases involved in the mental status groups are rather small, it is interesting that diseases of the respiratory system, either tuberculosis, bronchopneumonia or lobar pneumonia, are prominent in every group.

AVERAGE INTELLIGENCE QUOTIENT OF DEATHS, 1935, BY CLINICAL DIAGNOSES

Table 143 outlines the average intelligence quotient of patients dying during 1935 divided into the various clinical groups. The average intelligence quotient of all patients dying was .28, .24 for the males and .31 for the females. We recall from Table 129 that the average intelligence quotient of discharges was .59, .59 for the males and .59 for the females. This shows in a striking manner how cases of higher intelligence are discharged while those of lower intelligence contribute more materially to the deaths. The higher average I. Q.'s at death are seen in the groups other forms, with .45; undifferentiated, with .36; and the familial and with epilepsy — symptomatic, .35 each. The lower averages at death are observed in the groups with familial amaurosis, .05; with congenital paralyses, .15; organic nervous disease, .15; and with epilepsy — idiopathic, .18. In the groups familial and post-traumatic — natal, the males show higher average intelligence quotients at death than do the females. The females present higher averages in nearly all of the remaining clinical groups.

TABLE 142. — *Percentage Distribution of Causes of Death and Mental Status of All Patients who Died in State Schools during 1935*

CAUSES OF DEATH	PERCENTAGES			
	Total	Idiot	Imbecile	Moron
I. Infectious and Parasitic Diseases:				
Tuberculosis of the respiratory system	18.3	7.8	39.4	—
Tuberculosis of other organs	3.3	7.8	—	—
Purulent infection, septicaemia (non-puerperal)	3.3	3.8	4.3	—
II. Cancer and other Tumors:				
Cancer and other malignant tumors	3.3	—	4.3	9.1
III. Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands and Other General Diseases:				
Acute rheumatic fever	1.7	—	—	9.1
Diseases of the thyroid and parathyroid glands	1.7	3.8	—	—
VI. Diseases of the Nervous System and of the Organs of Special Sense:				
Meningitis	1.7	—	—	9.1
Other diseases of the spinal cord	3.3	—	4.3	9.1
Epilepsy	3.3	7.8	—	—
Diseases of the ear and of the mastoid	1.7	—	4.3	—
VII. Diseases of the Circulatory System:				
Myocarditis	1.7	3.8	—	—
Other diseases of the heart	1.7	—	4.3	—
VIII. Diseases of the Respiratory System:				
Bronchopneumonia (including capillary bronchitis)	18.3	26.9	8.8	18.1
Lobar pneumonia	8.2	11.5	8.8	—
Other diseases of the respiratory system	1.7	—	—	9.1
IX. Diseases of the Digestive System:				
Diseases of the pharynx and tonsils	1.7	—	4.3	—
Diarrhea and enteritis	1.7	3.8	—	—
Hernia, intestinal obstruction	3.3	7.8	—	—
Peritonitis, cause not specified	3.3	3.8	4.3	—
X. Diseases of the Genito-Urinary System:				
Nephritis	1.7	—	4.3	—
Diseases of the urethra, urinary abscess, etc.	3.3	—	4.3	9.1
XIV. Congenital Malformations:				
Congenital malformations (still-births not included)	3.3	3.8	—	9.1
XVII. Violent or Accidental Deaths:				
Suicide by hanging or strangulation	1.7	—	—	9.1
Accidental burns (conflagration excepted)	1.7	3.8	—	—
Accidental mechanical suffocation	1.7	—	4.3	—
Accidental Drowning	1.7	—	—	9.1
XVIII. Ill-Defined Causes of Death	1.7	3.8	—	—
Total	100.0	100.0	100.0	100.0

(See Table 278 for detail)

TABLE 143. — *Average Intelligence Quotient of Deaths in State Schools, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Familial	1	6	7	.55	.32	.35
Mongolism	6	7	13	.20	.26	.23
With developmental cranial anomalies	1	4	5	.15	.23	.21
With congenital cerebral spastic infantile paralyses	2	4	6	.15	.15	.15
Post-infectious	1	2	3	.15	.40	.32
Post-traumatic — natal	1	1	2	.25	.15	.20
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	—	1	1	—	.35	.35
With epilepsy — idiopathic	2	1	3	.15	.25	.18
With endocrine disorders	—	—	—	—	—	—
With familial amaurosis	1	—	1	.05	—	.05
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	1	—	1	.15	—	.15
Undifferentiated	10	6	16	.26	.52	.36
Other forms	2	—	2	.45	—	.45
Total	28	32	60	.24	.31	.28

(See Table 276 for detail)

AVERAGE AGE AT DEATH, 1935, BY CLINICAL DIAGNOSES

Table 144 presents the average age of patients dying in State schools by clinical groupings. The average age at death was 23.4 years, 21.2 years for the males and 25.2 years for the females. The clinical groups showing the highest average ages at death are other forms, 42.5 years; post-infectious, 37.5 years; and developmental cranial anomalies, 32.7 years. At the other extreme we have the youngest ages at death shown in the groups with epilepsy — symptomatic, 12.5 years; with congenital paralyses, 13.0 years; and mongolism, 17.5 years. It will be observed that the females averaged four years older at death than the males.

TABLE 144. — *Average Age of Deaths in State Schools, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE AGE AT DEATH IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	1	6	7	22.50	21.67	21.79
Mongolism	6	7	13	16.67	18.36	17.58
With developmental cranial anomalies	1	4	5	57.50	26.50	32.70
With congenital cerebral spastic infantile paralyses	2	4	6	12.50	13.38	13.08
Post-infectious	1	2	3	32.50	40.00	37.50
Post-traumatic — natal	1	1	2	17.50	22.50	20.00
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	—	1	1	—	12.50	12.50
With epilepsy — idiopathic	2	1	3	10.00	63.00	27.67
With endocrine disorders	—	—	—	—	—	—
With familial amaurosis	1	—	1	22.50	—	22.50
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	1	—	1	22.50	—	22.50
Undifferentiated	10	6	16	19.00	25.00	21.25
Other forms	2	—	2	42.50	—	42.50
Total	28	32	60	21.25	25.28	23.40

(See Table 275 for detail)

TABLE 145. — *Average Length of Residence during THIS Admission of Patients Dying in State Schools, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	1	6	7	7.50	8.68	8.51
Mongolism	6	7	13	6.14	5.92	6.02
With developmental cranial anomalies	1	4	5	43.00	12.09	18.27
With congenital cerebral spastic infantile paralyses	2	4	6	1.06	20.12	13.77
Post-infectious	1	2	3	22.50	7.50	12.50
Post-traumatic — natal	1	1	2	12.50	7.50	10.00
Post-traumatic — post-natal	—	—	—	—	—	—
With epilepsy — symptomatic	—	1	1	—	7.50	7.50
With epilepsy — idiopathic	2	1	3	3.93	22.50	10.12
With endocrine disorders	—	—	—	—	—	—
With familial amaurosis	1	—	1	7.50	—	7.50
With tuberous sclerosis	—	—	—	—	—	—
With other organic nervous disease	1	—	1	17.50	—	17.50
Undifferentiated	10	6	16	8.97	10.00	9.35
Other forms	2	—	2	17.50	—	17.50
Total	28	32	60	10.07	10.46	10.28

LENGTH OF RESIDENCE DURING THIS ADMISSION, ALL PATIENTS
DYING DURING 1935, BY CLINICAL DIAGNOSES

Table 145 gives the average length of school stay of deaths during 1935 by clinical groupings. Cases dying in State schools during 1935 had remained an average of 10.2 years previous to death, 10.0 years for the males and 10.4 years for the females. The longest time in residence occurs in the groups with developmental cranial anomalies, 18.2 years; organic nervous disease, 17.5 years; and other forms, 17.5 years. The shorter average lengths of residence are seen in the

groups with mongolism, 6.02 years; with epilepsy — symptomatic, 7.5 years; and familial amaurosis, 7.5 years. In the groups monogism, with developmental cranial anomalies, post-infectional and post-traumatic — natal, we note that the males show longer periods in residence than do the females. In the groups familial, with congenital paralyses, epilepsy — idiopathic and undifferentiated, the females demonstrate the longer periods in residence.

Section K. All Cases in Residence in State Schools on September 30, 1935

The following section is devoted to a discussion of various factors in the resident population of State schools on September 30, 1935.

MENTAL STATUS OF PATIENTS RESIDENT IN STATE SCHOOLS, 1935, BY SCHOOL

Table 146 presents the mental status of cases resident in the three State schools on September 30, 1935, giving the percentage distribution of each by school. Considering the totals, we observe that idiots made up 14 per cent of the resident population, 16 per cent of the males and 12 per cent of the females. The imbecile group constituted 40 per cent of the resident population, 42 per cent of the males and 39 per cent of the females. The morons comprised 41 per cent of cases, 37 per cent of the males and 45 per cent of the females. The group not mentally defective made up 2 per cent of the resident population in State schools, 2 per cent of the males and 2 per cent of the females. We note that the males exceed the females in the idiot and imbecile groups. The females exceed the males in the moron group only. Turning to the three State schools we observe that Wrentham has the largest percentage of idiots, 16.5 per cent. The Walter E. Fernald State School has the largest proportion of imbeciles with 44.8 per cent. Belchertown has the largest proportion of morons with 50.9 per cent. In the group not mentally defective Wrentham again leads with 3.7 per cent. Apparently Wrentham has more of the very low and the very high grade cases, the Fernald State School specializes in the imbeciles, while Belchertown shows higher percentages of the morons.

AGE AT ADMISSION AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN RESIDENCE, 1935

Table 147 presents material on the *age at admission* and average length of school stay of all cases in residence in State schools on September 30, 1935, by sex. Of the resident population we observe that 1,488 cases were admitted between the ages of 10 and 14 years; 1,429 were admitted between the ages of 5 and 9 years; and 955 between 15 and 19 years. A total of 3,201 or 63 per cent of all the resident population were admitted during the ages up to 14 years. We note a rapid falling off in the numbers of cases admitted in the higher age groupings, very few of the resident population being admitted after the age 30.

In comparing the sexes, we note that the males are in the majority in the admission age groups under 5 years, 5-9 years, 10-14 years and 55-59 years, a total of 1,831 of the resident males being admitted during these ages as compared with 1,375 for the females. However, in the admission ages over 15 years, we find the females predominating, or 1,235 cases of the resident females admitted in these age groups as compared with 568 for the males. Males tend to be admitted under the age of 14 years, as 76 per cent of all male admissions fall in this group. Among the females, however, the distribution of admission ages shows a more uniform spread, presenting relatively large numbers in admission age groups above 15 years. The tendency for females to predominate in the higher admission ages is reflected in the average age at admission for the two sexes. The average admission age of both sexes in residence is 14.2 years; for the females 15.9 years, and for the males 12.2 years.

In turning to the second section of this table, we note that cases admitted between 20 and 24 years have remained the longest average time, that of 11.70 years. Cases admitted in the age groups 10-14 years, 15-19 years, 25-29 years, 30-34 years, 35-39 years and 45-49 years also have relatively long average periods of residence. The shortest average length of residence occurs in the group admitted under 5 years of age, an average of 7.57 years.

TABLE 147. — *Average Length of School Residence During This Admission, All Patients in Residence in State Schools on September 30, 1935, by Age at Admission and Sex*

AGE GROUPS	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	157	127	284	8.19	6.80	7.57
5-9 years	879	550	1,429	9.73	9.74	9.74
10-14 years	792	696	1,488	10.32	10.20	10.27
15-19 years	351	604	955	11.03	9.90	10.32
20-24 years	105	286	391	11.77	11.67	11.70
25-29 years	49	151	200	11.83	10.17	10.58
30-34 years	22	96	118	12.00	11.15	11.31
35-39 years	22	55	77	11.66	9.61	10.20
40-44 years	10	22	32	10.43	9.09	9.51
45-49 years	6	13	19	10.83	9.97	10.24
50-54 years	3	8	11	9.16	9.62	9.50
55-59 years	3	2	5	7.16	12.50	9.30
60 years and over	—	—	—	—	—	—
Total	2,399	2,610	5,009			
Average Admission Age and Average Length of Residence	12.28	15.97	14.20	10.19	10.04	10.11

PRESENT AGE AND AVERAGE LENGTH OF SCHOOL STAY OF ALL PATIENTS IN RESIDENCE, 1935

Table 148 compares the *present age* and average length of school stay of patients in residence on September 30, 1935. Here it will be observed that the majority of resident cases fell in the age group 15-19 years, with 993 patients within that classification on September 30, 1935. Seven hundred and ninety-three patients are found to be within the age group 20-24 years, while 787 patients are found in the age group 10-14 years. Whereas we found in the previous table (Table 147) that the majority of cases fell in the age groups between 5 and 19 years, Table 148 indicates that the present age of these patients shows the greater numbers in the age groups between 10 and 24 years, a difference of five years.

TABLE 148. — *Average Length of School Residence During This Admission, All Patients in Residence in State Schools on September 30, 1935, by Present Age and Sex*

AGE GROUPS	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	36	39	75	.93	1.13	1.04
5-9 years	216	174	390	2.39	2.18	2.30
10-14 years	493	294	787	3.95	4.00	3.97
15-19 years	522	471	993	6.71	5.39	6.09
20-24 years	359	434	793	10.17	8.38	9.19
25-29 years	265	370	635	14.16	11.27	12.48
30-34 years	166	275	441	17.12	13.95	15.14
35-39 years	117	203	320	19.48	15.49	16.95
40-44 years	88	135	223	22.99	18.70	20.39
45-49 years	56	107	163	27.34	19.32	22.08
50-54 years	41	55	96	29.85	24.38	26.71
55-59 years	23	26	49	29.17	27.11	28.08
60-64 years	16	16	32	28.28	25.46	26.87
65-69 years	1	8	9	12.50	21.31	20.33
70 years and over	—	3	3	—	41.16	41.16
Total	2,399	2,610	5,009			
Average Present Age and Average Length of Residence	22.14	25.59	23.94	10.19	10.04	10.11

Excluding the group 70 years and over because of the small number of cases concerned, we find the longest average length of residence among those cases whose present age is between 55 and 59 years, 28.08 years. The age groups 60-64

years and 50-54 years are next in order with 26.87 and 26.71 years, respectively. It is interesting to observe in this table the great increase in length of school stay as the present age of the patient increases, showing that many of these cases were admitted at comparatively young ages and have had long terms of residence within the State school.

The average present age of resident patients is 23.9 years, making a difference of 9.7 years between this age and the average age at admission, 14.2 years. The average present age of males is 22.1 years, and that of females, 25.5 years, the females averaging 3.4 years older than the males. The average length of residence for all patients was 10.1 years, 10.1 years for the males and 10.0 years for the females.

ADMISSION RATES OF PATIENTS TO STATE SCHOOLS, 1929-1935

Table 149 gives the mental status of cases in residence in State schools on September 30 of each year from 1929 to 1935. In comparison with the general population, we note that the resident population of State schools has increased from 126 per hundred thousand in 1929 to 160 in 1935. Among the idiots, the rate of 23 in 1929 is equalled by the rate of 23 in 1935. In the imbecile group, the low rate of 46 in 1929 shows a gradual rise to a high of 65 in 1935. The morons also show a marked increase from 52 in 1929 to 67 in 1935. The group not mentally defective shows a uniformly small rate of about 4 in the years studied. Over the period 1929 to 1935, it is observed that both the imbeciles and morons show marked increases, while the idiot group shows no change. This marks these two groups as being those which have found the years of the depression period very trying and thus they have accumulated in State schools in increasing proportions. However, it should be recalled that the difficulties in placing discharged cases in the community have also contributed to this retention of the high grade cases within institutions.

TABLE 149. — *Mental Status of Cases in Residence in State Schools on September 30, 1929-1935: Numbers and Rates per 100,000 Population of State 0-44 Years of Age, 1930 Census*

YEARS	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1929 . . .	3,941	126.	721	23.	1,450	46.	1,622	52.	148	4.
1930 . . .	4,159	133.	778	24.	1,517	48.	1,737	55.	127	4.
1931 . . .	4,412	141.	821	26.	1,623	52.	1,816	58.	152	4.
1932 . . .	4,566	146.	836	26.	1,649	52.	1,920	61.	161	5.
1933 . . .	4,771	153.	908	29.	1,723	55.	1,961	62.	179	5.
1934 . . .	4,933	158.	699	22.	1,978	63.	2,103	67.	153	4.
1935 . . .	5,009	160.	726	23.	2,052	65.	2,089	67.	142	4.

ADMISSION AGES OF PATIENTS RESIDENT IN STATE SCHOOLS, 1935, BY NATIVITY AND PARENTAGE

The average admission age for all groups in the resident population is 14.2 years; 12.2 years for males and 15.9 years for females (Table 150). The native born of the resident population were admitted at ages six years younger than the foreign born, or 13.9 years for the native born compared with 20.1 years for the foreign born. However, the numbers of foreign born in our State schools are so small that a comparison of the figures based on the parentage of the native born is probably a better criterion. The native born of foreign parentage in the resident population were admitted at an average age of 14.0 years; 12.9 years for males and 15.0 years for females. The native born of native parentage were admitted at an average of 13.7 years; 12.0 years for males and 15.5 years for females. We noted previously that as a group the native born were admitted at younger ages than the foreign born. Within the native born group itself, however, we note that the native born of foreign parentage tend to be admitted at approximately the same ages as the native born of native parentage.

TABLE 150. — Admission Ages of All Patients in Residence in State Schools on September 30, 1935, by Nativity, Parentage and Sex

ADMISSION AGE	AGGREGATE						NATIVE BORN					
	M.			F.			TOTAL			PARENTAGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	157	127	284	157	127	284	82	65	147	31	30	61
5-9 years	879	550	1,429	857	538	1,395	354	217	571	227	161	388
10-14 years	792	696	1,488	760	671	1,431	313	249	562	223	203	426
15-19 years	351	604	955	332	581	913	113	211	324	104	154	258
20-24 years	105	286	391	102	265	367	44	94	138	29	67	96
25-29 years	49	151	200	45	139	184	14	52	66	10	36	46
30-34 years	22	96	118	20	82	102	11	34	45	4	23	27
35-39 years	22	55	77	20	45	65	13	16	29	4	8	12
40-44 years	10	22	32	9	17	26	5	10	15	1	2	3
45-49 years	6	13	19	6	12	18	—	5	5	2	2	4
50-54 years	3	8	11	3	7	9	1	2	3	1	1	2
55-59 years	3	2	5	2	2	5	2	1	3	—	1	1
60 years and over	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,399	2,610	5,009	2,313	2,486	4,799	952	956	1,908	636	688	1,324
Average Age	12.28	15.97	14.20	12.17	15.66	13.98	12.00	15.53	13.77	12.91	15.08	14.04

AVERAGE ADMISSION AGE, PRESENT AGE AND LENGTH OF SCHOOL
RESIDENCE, 1935

Table 151 gives us the average age at admission, the average present age and the average length of school stay of patients in residence and patients out on visit on September 30, 1935. The average present age of cases in residence was 23.9 years, 22.1 years for the males and 25.5 years for the females. At the time of admission these same cases averaged 14.2 years, 12.2 years for the males and 15.9 years for the females. The Walter E. Fernald State School shows the highest average present age of resident patients of 26.1 years, 25.1 years for the males and 27.4 years for the females. Belchertown is second with an average of 24.3 years, 22.3 years for the males and 25.6 years for the females. Wrentham shows the youngest resident age of 21.5 years, 18.2 years for the males and 24.1 years for the females. Turning to the third section of this table we note that cases in residence have shown an average school stay of 10.1 years, 10.1 years for the males and 10.0 years for the females. The Walter E. Fernald State School shows the longest average residence of 12.6 years, 13.0 years for the males and 11.9 years for the females. Wrentham is next in order with 8.8 years for the resident cases, 7.5 years for the males and 9.7 years for the females. Belchertown presents an average of 7.0 years, 7.1 years for the males and 6.8 years for the females. We observe that with the exception of Wrentham, the males in residence have remained from one-half to one year longer than the females.

TABLE 151. — *Average Admission Age, Average Present Age and Average School Residence of All Patients in State Schools, and Out on Visit, etc., on September 30, 1935, by School and Sex*
Cases in Residence

STATE SCHOOLS	AVERAGE AGE AT ADMISSION			AVERAGE PRESENT AGE			AVERAGE LENGTH OF SCHOOL STAY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	15.18	18.82	17.28	22.37	25.69	24.30	7.1	6.8	7.0
W. E. Fernald	12.07	15.42	13.53	25.16	27.41	26.14	13.0	11.9	12.6
Wrentham	10.65	14.40	12.75	18.20	24.17	21.56	7.5	9.7	8.8
Total	12.28	15.97	14.20	22.14	25.59	23.94	10.1	10.0	10.1

<i>Cases Out of Institution</i>									
Belchertown	15.77	20.01	18.14	24.86	29.22	27.30	9.0	9.2	9.1
W. E. Fernald	13.04	20.11	16.50	23.78	35.51	29.51	10.7	15.4	13.0
Wrentham	12.60	16.84	14.90	21.92	28.41	25.43	9.3	11.5	10.5
Total	13.60	18.69	16.30	23.31	30.59	27.18	9.7	11.9	10.8

(See Tables 279 and 280 for detail)

The cases out of institutions represent those who are on visit or parole at the end of the year. The present age of these cases is 27.1 years, 23.3 years for the males and 30.5 years for the females. We note that the males out of institutions are one year older and the females five years older than those resident within institutions. In the three schools we note that the ages of patients out are 27.3 years for Belchertown, 29.5 years for Walter E. Fernald and 25.4 years for Wrentham. These cases placed out of institutions have been under the care of the three schools 10.8 years, 9.7 years for the males and 11.9 years for the females. We observe here that the females placed out show a longer residence than the males. The cases placed out tend to have remained within institutions 13.0 years for the Walter E. Fernald State School, 10.5 years for Wrentham and 9.1 years for Belchertown.

CLINICAL DIAGNOSES IN ADMISSIONS, DISCHARGES, DEATHS
RESIDENT POPULATION AND PATIENTS OUT

Table 152 presents the clinical diagnosis of admissions, discharges, deaths, resident population and patients out for the year 1935. It gives us an excellent opportunity to compare the percentages for the various clinical groupings in the

five different classes of patients mentioned. By inspection we may determine the tendency of certain clinical groups to predominate in admissions, discharges, deaths or in the resident population. We note that cases with mongolism made up 10 per cent of admissions, 1 per cent of discharges, 21 per cent of deaths and but 4 per cent of the resident population. These findings suggest that few mongolians are discharged, many of them die, and that few accumulate in the resident population. A similar situation is seen in the groups with developmental cranial anomalies, with congenital cerebral spastic infantile paralyses, post-infectional, post-traumatic-natal, and with epilepsy — idiopathic. In each of these groups high percentages among the deaths are observed. When we come to the matter of discharge, we note that although the familial group made up 25 per cent of admissions, they showed an even higher proportion, 32 per cent of discharges. This clinical group, the group undifferentiated, and to a lesser degree the group other forms show this tendency to high proportions among the discharges.

TABLE 152. — *Clinical Diagnoses in Admissions, Discharges and Deaths at State Schools, 1935, and the Resident Population and Patients Out on September 30, 1935: Percentages*

CLINICAL DIAGNOSES	PERCENTAGE DISTRIBUTION				
	All Admissions	All Discharges	All Deaths	All Cases in Residence	All Cases Out
Familial	25.5	32.7	11.7	31.5	42.6
Mongolism	10.7	1.0	21.7	4.6	1.2
With developmental cranial anomalies	4.8	2.0	8.3	2.4	.9
With congenital cerebral spastic infantile paralyses	6.1	1.3	10.0	3.7	1.6
Post-infectional	6.9	3.7	5.0	5.2	3.7
Post-traumatic — natal	2.9	1.0	3.3	2.2	1.4
Post-traumatic — post-natal	1.3	—	—	.7	.2
With epilepsy — symptomatic . . . . .	.5	.7	1.7	.5	—
With epilepsy — idiopathic	1.0	1.3	5.0	2.2	1.4
With endocrine disorders	2.3	1.7	—	1.4	.2
With familial amaurosis	—	—	1.7	.2	.2
With tuberculous sclerosis	—	—	—	.05	—
With other organic nervous disease . . . . .	.8	—	1.7	.2	—
Undifferentiated	33.9	45.3	26.6	38.9	43.7
Other forms	3.3	9.3	3.3	6.3	2.9
Total	100.0	100.0	100.0	100.0	100.0

(See Table 288 for detail)

Certain of the clinical diagnoses show a tendency toward retention within State schools. The familial, although showing a high proportion of discharges, 32 per cent, also show a high proportion of cases in residence, 31 per cent. In addition, they make up 42 per cent of cases out of the institution on visit, parole, etc. The undifferentiated, making up 33 per cent of admissions and 45 per cent of discharges also show a high proportion in the resident population, 38 per cent, and an even higher percentage in the cases out on visit, parole, etc., 43 per cent. The three clinical groups, familial, undifferentiated and other forms, make up 87 per cent of the discharges and 89 per cent of the cases out of State schools. Of outstanding interest here is the showing made by the familial group. We might expect that the undifferentiated group, comprised of cases not falling in the familial or other clinical classifications, would provide a type of patient highly suitable for training and possible placement on parole. Superficially, we would not expect the familial group, with their many supposed handicaps to constitute such a large proportion of the discharges or cases returned to the community on parole, etc.

INTELLIGENCE QUOTIENT AND ADMISSION AGE OF ALL PATIENTS IN RESIDENCE, 1935

Table 153 presents the intelligence quotients of patients in residence by age at admission. Patients making up the resident population of State schools on September 30, 1935 showed an average intelligence quotient of .44, .42 for the males and .46 for the females. Of this resident group, cases admitted between 15–19 years of age show the high average I. Q. of .50. Those admitted between

the ages 20-24 years are second with an average intelligence quotient of .49. Those admitted in the age groups 25-29 and 30-34 years show an average intelligence quotient of .47 and .46, respectively. The low average intelligence quotients are seen in cases coming in at the extremes of our age distribution. Cases admitted at 50-54 years show an average I. Q. of .35. Those admitted at 55-59 years show an average I. Q. of .39, while those admitted under the age of 5 years show the lowest average intelligence of all, that of .32 of the I. Q. scale. In considering the material presented by this table we should recall that the resident population is made up of cases who have not left the institution either through discharge or death.

TABLE 153. — *Average Intelligence Quotient of Patients in Residence in State Schools on September 30, 1935, by Age at Admission and Sex*

ADMISSION AGE	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Under 5 years	157	127	284	.31	.32	.32
5- 9 years	879	550	1,429	.40	.37	.39
10-14 years	792	696	1,488	.44	.45	.44
15-19 years	351	604	955	.46	.53	.50
20-24 years	105	286	391	.43	.51	.49
25-29 years	49	151	200	.40	.49	.47
30-34 years	22	96	118	.42	.47	.46
35-39 years	22	55	77	.38	.46	.44
40-44 years	10	22	32	.40	.46	.44
45-49 years	6	13	19	.31	.41	.38
50-54 years	3	8	11	.38	.33	.35
55-59 years	3	2	5	.35	.45	.39
60-64 years	—	—	—	—	—	—
65-69 years	—	—	—	—	—	—
70 years and over	—	—	—	—	—	—
Total	2,399	2,610	5,009	.42	.46	.44

PRESENT AGE OF ALL PATIENTS IN RESIDENCE: PERCENTAGE DISTRIBUTION

Table 154 and Graph 15 show the number and percentage distribution of present ages of all patients in residence in State schools on September 30, 1935, by sex. The age group presenting the highest percentage of resident cases is that of 15-19 years, with 19.8 per cent. Next in order are the age group 20-24 years, with 15.8 per cent, and the 10-14 year group with 15.7 per cent. We notice that the three groups, 10-14, 15-19 and 20-24 years, have a total of 51 per cent of cases. We may say then that 51 per cent of the resident population of State schools are between 10 and 24 years of age. The percentages decrease gradually to the oldest age group. We note that 3.7 per cent of patients in residence are 50 years of age or higher.

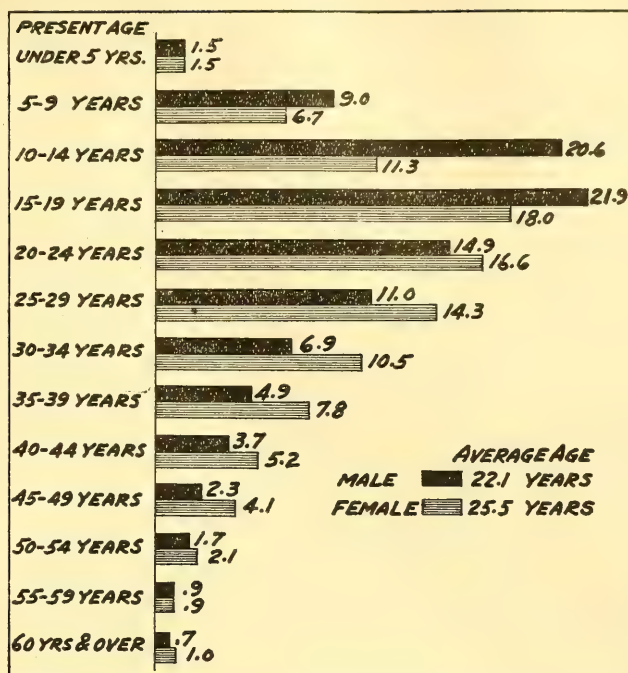
In considering the sex differences, we note that the males predominate in the younger age groups. The age groups 5-9 years, 10-14 years and 15-19 years contain 51.5 per cent of the males in residence. However, if we take the succeeding age groups, we note that females are decidedly in the majority in all age groups over 20 years, with the exception of the group 60-64 years. In these age groups, inclusive of the 60-64 year group, we note that there is a percentage of 47.0 for the males as compared with a percentage of 62.5 for the females. These differences are revealed somewhat in the average present age for both sexes, 23.9 years. The females average 3.4 years higher than the males, the average present age for the females being 25.5 years, and for the males 22.1 years.

The Walter E. Fernald State School shows the highest average present age of resident population with 26.1 years; 25.1 for males and 27.4 for females. Wrentham shows the lowest average, that of 21.5 years; 18.2 for males and 24.1 years for females. These average ages are reflected in the percentage distributions which show larger numbers of males in the lower age groups. Of the total resident population, Wrentham presents 14.1 per cent under 10 years of age; Belchertown, 7.3 per cent; and Walter E. Fernald State School, 5.8 per cent.

TABLE 154. — *Present Age of Resident Population in State Schools on September 30, 1935, by School: Percentages and Averages*

PRESENT AGE	ALL SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1.5	1.5	1.5	2.6	1.2	1.8	—	4.1	2	2.7	2.6	2.6
5-9 years	9.0	6.7	7.8	7.6	4.0	5.5	4.1	7.6	5.6	16.2	7.8	11.5
10-14 years	20.6	11.3	15.7	14.9	8.7	11.3	19.3	11.3	15.8	25.8	13.0	18.6
15-19 years	21.9	18.0	19.8	24.3	21.6	22.7	22.1	17.4	20.1	19.7	16.0	17.6
20-24 years	14.9	16.6	15.8	18.9	20.8	19.9	14.4	13.9	14.2	13.1	15.8	14.7
25-29 years	11.0	14.3	12.7	10.0	14.1	12.4	11.2	13.3	12.1	11.6	14.9	13.5
30-34 years	6.9	10.5	8.8	8.7	10.4	9.7	7.1	8.5	7.7	5.5	12.2	9.2
35-39 years	4.9	7.8	6.4	5.3	8.0	6.8	6.4	7.0	6.7	2.7	8.2	5.8
40-44 years	3.7	5.2	4.5	3.9	4.8	4.4	5.3	6.1	5.7	1.4	4.7	3.3
45-49 years	2.3	4.1	3.3	3.9	2.9	2.1	4.4	6.3	5.2	.6	3.3	2.1
50-54 years	1.7	2.1	1.9	1.3	1.9	1.6	2.9	4.1	3.4	.5	.8	.6
55-59 years . . . . .	.9	.9	.6	.7	.8	.8	1.6	2.3	1.9	.2	.4	.3
60-64 years . . . . .	.7	.6	.6	.7	.8	.8	1.2	.9	1.0	—	.3	.2
65-69 years . . . . .	.04	.3	.2	.2	.4	.4	—	.5	.2	—	—	—
70 years and over	—	.1	.1	—	—	.4	—	.4	.2	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Present Age	22.14	25.59	23.94	22.37	25.69	24.30	25.16	27.41	26.14	18.20	24.17	21.56

(See Table 279 for detail)



GRAPH 15. — PERCENTAGE DISTRIBUTION OF PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS, SEPTEMBER 30, 1935, BY SEX

LENGTH OF SCHOOL RESIDENCE AND INTELLIGENCE QUOTIENT OF ALL CASES IN RESIDENCE, 1935

Table 155 presents the length of school stay of patients in residence by intelligence quotients. In the totals we note that the I.Q. group .50-.59 presents the largest number of cases in residence, namely, 1,002. The I.Q. group .40-.49 is second with 955 patients, and the group .60-.69 is third with 769 patients. But 7 cases were present in all three schools with I.Q.'s of .90 or over. These are chiefly difficult behavior problems or cases simply held temporarily. Two hundred and fifty-two cases showed intelligence quotients up to .09, while 444 cases had I.Q.'s between .10-.19. These numbers, of course, do not represent the occurrence of these various intelligence quotient groupings in the community. We know that we have vastly larger percentages of the lower grade cases within our State schools than those of the higher mental ratings.

In reference to the length of school residence we observe that the I.Q. group 0-.09 has remained in residence 12.0 years. The .10-.19 group has remained 11.3 years, and the I.Q. group .20-.29 has remained an average of 11.5 years. In the .50-.59 I.Q. group there is a decided decrease in length of residence to 8.75 years, a still further decrease in the .60-.69 I.Q. group to 7.21 years, while the shortest length of residence is observed in the I.Q. group .70-.79 with 7.05 years. The two remaining I.Q. groups contained very small numbers of cases of a highly specialized type and for that reason should not be compared with the other groups showing vastly larger numbers. It will be observed that in the I.Q. group 0-.09 the females show a longer average school stay than the males. In the I.Q. groups .10-.19, .20-.29, .30-.39 and .40-.49 the males show the longer school residence. The females show the longer residence in the remaining I.Q. groups. The excess of females in these latter groups is much more marked than in the lower I.Q. groupings.

TABLE 155. — *Average Length of School Residence of Patients in Residence in State Schools on September 30, 1935, by Intelligence Quotient and Sex*

INTELLIGENCE QUOTIENT	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
.0-.09	134	118	252	11.48	12.69	12.05
.10-.19	249	195	444	11.42	11.32	11.38
.20-.29	301	267	568	12.22	10.79	11.55
.30-.39	344	303	647	12.25	11.19	11.75
.40-.49	460	495	955	12.01	11.68	11.84
.50-.59	447	555	1,002	8.25	9.16	8.75
.60-.69	323	446	769	6.31	7.86	7.21
.70-.79	120	193	313	6.16	7.60	7.05
.80-.89	19	33	52	7.23	8.81	8.23
.90 and over	2	5	7	20.00	21.50	21.07
Total	2,399	2,610	5,009	10.19	10.04	10.11

(See Table 284 for detail)

POPULATION OF PLACE OF RESIDENCE, ALL CASES RESIDENT IN STATE SCHOOLS, 1935, BY MENTAL STATUS

Table 156 presents the population of place of residence of all cases within State schools on September 30, 1935, by mental status and gives the rates of admission per 100,000 of the population of the same population groups.

In the total rates we note that the villages, 0-2,499 population, show the highest rate of 163. The rates then gradually decrease from this high point to the low rate of 94 in the population group 50,000-99,999. The rates then rise to a second high point of 138 in the largest population units of 250,000 and over. Evidently mental deficiency shows its highest occurrence in the smallest and the largest communities with a decidedly lower occurrence in the intermediate cities. The idiot group presents its high rate of 21 in the largest cities. The imbecile group presents its high rate in admissions from both the villages and the largest cities with 63 each. The morons present their high rate of 78 in the villages and show their next highest rate of 60 in the following population group, the smaller towns. Their lowest rate of 35 is evident in the intermediate cities, 50,000-99,999 population. The group not mentally defective shows its highest rates of 4 and 5 in the villages and the smaller towns. Viewing this table as a whole we note that the moron and not mentally defective groups tend to show higher rates in the villages and smaller communities. The imbeciles are fairly well balanced, showing about the same rates coming from the villages as from the larger cities. However, the idiots reverse this and tend to show higher proportions from the largest communities.

COUNTY OF RESIDENCE OF RESIDENT POPULATION ON SEPTEMBER 30, 1935, AND ALL ADMISSIONS, 1935; RATES PER 100,000 OF STATE POPULATION

Table 157 and Graph 16 give the county of residence for all admissions during 1935 and also for all cases in residence on September 30, 1935. The first section of this table gives the counties of residence of all cases in residence in State schools on September 30, 1935, and also presents the rates per 100,000 of the population of these counties as of the 1935 Decennial Census of Massachusetts. The counties having the highest proportionate representation in our State schools at the end of the statistical year were as follows: Franklin with 207 persons in residence in State schools per 100,000 of the population of that county; Hampshire, 173; Barnstable, 158; Suffolk, 128; and Hampden, 126. Counties presenting the lowest rates for patients in residence in State schools are: Dukes, 70; Plymouth, 87; and Norfolk, 90. The rate for the entire State was 115 persons in residence in State schools per 100,000 of the estimated population of the State, 1935.

In the second section of this table we have calculated rates for the number of persons admitted to the State schools during 1935 per 100,000 population of the same county of residence. We note that Nantucket, Franklin and Barnstable Counties show the highest rates with 28 and 19 persons, respectively, admitted to State schools during 1935 per 100,000 of the population of these counties.

TABLE 156. — *Population of Place of Residence of All Cases in Residence in State Schools on September 30, 1935, by Mental Status: Numbers and Rates per 100,000 of Same Population Units 1930 Census*

	POPULATION UNITS	Population in Each Unit, 1930 Census	RESIDENT POPULATION IN STATE SCHOOLS									
			Total		Idiot		Imbecile		Moron		Not Mentally Defective	
			No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
0-2,499.	.	199,957	327	163.5	35	17.5	127	63.5	156	78.0	9	4.5
2,500-9,999.	.	544,976	705	129.3	80	14.6	265	48.6	328	60.1	32	5.8
10,000-24,999.	.	693,428	773	111.4	101	14.5	300	43.2	355	51.1	17	2.4
25,000-49,999.	.	576,467	552	95.7	92	15.9	236	40.9	212	36.7	12	2.0
50,000-99,999.	.	460,411	435	94.4	70	15.2	189	41.0	165	35.8	11	2.3
100,000-249,999.	.	993,187	1,114	112.1	177	17.8	432	43.4	471	47.4	34	3.4
250,000 plus	.	781,188	1,084	138.7	168	21.5	496	63.4	395	50.5	25	3.2
Unknown	.	—	19	—	3	—	7	—	7	—	2	—
Total	.	4,249,614	5,009	117.8	726	17.0	2,052	48.2	2,089	49.1	142	3.3

(See Table 282 for detail)

Next in order are Hampshire, 17; Hampden, 12; and Suffolk, Bristol and Norfolk, 9 each. The rate of admission for all counties combined is 9. This rate should not be taken as typical of the incidence of mental deficiency, or the rate that mental defectives are coming to the attention of the authorities. This indicates simply the number of cases that the institutions were able to admit during the last statistical year.

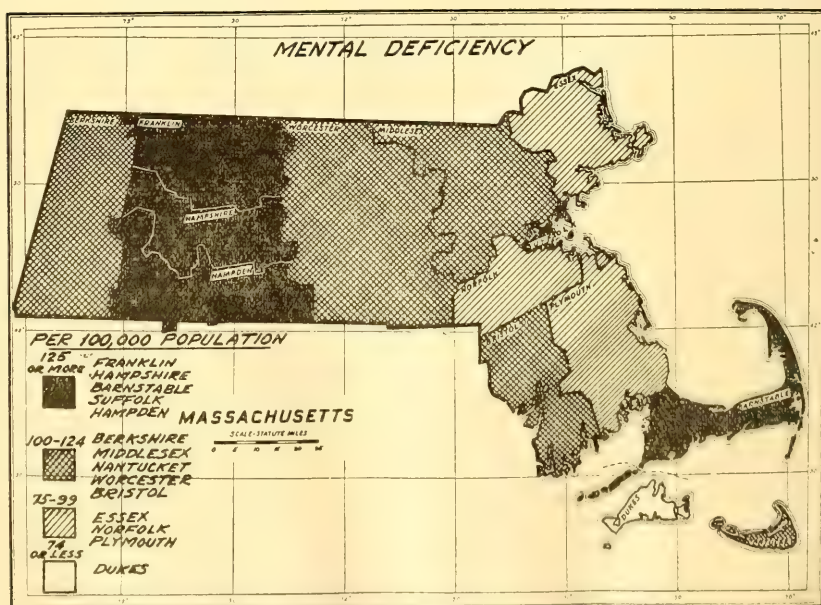
TABLE 157. — *County of Residence of Resident Population in State Schools on September 30, 1935, and All Admissions, 1935: Rates per 100,000 of State Population, 1935, Decennial Census*

COUNTIES	ALL CASES IN RESIDENCE SEPTEMBER 30, 1935			RATE PER 100,000 POPULATION OF SAME COUNTY ¹	ALL CASES ADMITTED DURING YEAR ²			RATE PER 100,000 POPULATION OF SAME COUNTY
	M.	F.	T.		M.	F.	T.	
Franklin	53	53	106	207.	5	5	10	19.
Hampshire	45	84	129	173.	2	11	13	17.
Barnstable	22	36	58	158.	3	4	7	19.
Suffolk	563	608	1,171	128.	49	37	86	9.
Hampden	211	210	421	126.	23	20	43	12.
Berkshire	58	90	148	122.	1	8	9	7.
Middlesex	548	575	1,123	117.	41	27	68	7.
Nantucket	1	3	4	114.	1	—	1	28.
Worcester	268	272	540	108.	22	26	42	8.
Bristol	188	185	373	101.	15	18	33	9.
Essex	233	244	477	94.	19	19	38	7.
Norfolk	142	148	290	90.	16	16	32	9.
Plymouth	56	90	146	87.	6	4	10	6.
Dukes	1	3	4	70.	—	—	—	—
Non-Residents	10	9	19	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—
Total	2,399	2,610	5,009	115.	203	189	392	9.

(See Table 287 for detail)

¹Population of each county, Massachusetts Decennial Census, 1935.

²Does not include transfers.



GRAPH 16. — PATIENTS RESIDENT IN STATE SCHOOLS, 1935. RATES PER 100,000 POPULATION OF SAME COUNTY.

Graph 16 presents the patients resident in State schools on September 30, 1935, outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations within our State schools. As has been mentioned previously, Franklin has the largest proportion of population resident within State schools, and Hampshire and Barnstable counties are the second and third position, respectively. Dukes County apparently has the lowest relative representation.

INTELLIGENCE QUOTIENT AND CLINICAL DIAGNOSES OF ALL PATIENTS IN RESIDENCE, 1935

Table 158 presents the average intelligence quotients of patients within State schools by clinical groupings. The average intelligence quotient of all cases was found to be .44, .42 for the males and .46 for the females. This is intermediate between the average intelligence quotient of .59 for the discharges and .28 for cases dying during the year. The group with other organic disease shows the highest average I.Q. of .58. Familial is second with an average I.Q. of .52. The group post-infectious is third with an average I.Q. of .44. The lower average intelligence quotients are noted in the groups with tuberous sclerosis, .08; with epilepsy — idiopathic, .26; and mongolism, .27. In seven of the clinical groups the males present higher average intelligences than the females.

TABLE 158. — *Average Intelligence Quotient of Patients Resident in State Schools, September 30, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Familial	633	945	1,578	.50	.53	.52
Mongolism	112	118	230	.24	.30	.27
With developmental cranial anomalies	70	49	119	.31	.28	.30
With congenital cerebral spastic infantile paralyzes	94	93	187	.34	.30	.32
Post-infectious	126	134	260	.43	.45	.44
Post-traumatic — natal	64	44	108	.32	.33	.33
Post-traumatic — post-natal	13	20	33	.46	.39	.42
With epilepsy — symptomatic	8	17	25	.31	.37	.35
With epilepsy — idiopathic	52	57	109	.29	.23	.26
With endocrine disorders	29	39	68	.39	.37	.38
With familial amaurosis	8	3	11	.43	.32	.39
With tuberous sclerosis	3	—	3	.08	—	.08
With other organic nervous disease	7	5	12	.55	.63	.58
Undifferentiated	1,023	926	1,949	.42	.43	.43
Other forms	157	160	317	.42	.42	.42
Total	2,399	2,610	5,009	.42	.46	.44

(See Table 281 for detail)

ADMISSION AGES AND PRESENT AGES OF RESIDENT POPULATION, 1935, BY CLINICAL DIAGNOSES

Table 159 gives the average admission age and the average present age of patients in residence in State schools by clinical diagnoses. The resident population presented an average present age of 23.9 years, 22.1 years for the males and 25.5 years for the females. These same cases at the time of admission averaged 14.2 years, with an average of 12.2 years for the males and 15.9 years for the females. The highest average present age is seen in the group with other forms, 30.3 years. The cases with familial amaurosis are second with 27.8 years, and the group with congenital cerebral spastic infantile paralyzes third with 24.9 years. The lowest average present ages are seen in the groups with tuberous sclerosis, 15.0 years; mongolism, 16.4 years; and with developmental cranial anomalies, 18.4 years. In the majority of the clinical groups the averages for the sexes follow the excess for the females which is observed in the totals. However, in the groups mongolism, with developmental cranial anomalies, and with familial amaurosis the males show higher average present ages.

TABLE 159. — *Average Admission Age and Average Present Age of All Patients in Residence in State Schools on September 30, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	AVERAGE ADMISSION AGE			AVERAGE PRESENT AGE		
	M.	F.	T.	M.	F.	T.
Familial	12.16	16.74	14.90	19.90	25.87	23.48
Mongolism	10.22	10.91	10.57	17.09	15.86	16.46
With developmental cranial anomalies	10.85	9.05	10.11	19.66	16.66	18.42
With congenital cerebral spastic infantile paralyzes	12.08	13.98	13.02	24.70	25.17	24.93
Post-infectious	13.01	14.55	13.81	22.77	24.67	23.75
Post-traumatic — natal	10.21	13.90	11.72	18.22	23.26	20.27
Post-traumatic — post-natal	11.50	12.90	12.34	15.57	29.32	23.90
With epilepsy — symptomatic	10.75	19.85	16.94	22.87	33.35	30.00
With epilepsy — idiopathic	11.38	13.92	12.72	20.55	26.24	23.53
With endocrine disorders	11.53	14.50	13.23	22.15	22.25	22.21
With familial amaurosis	12.50	17.50	13.86	30.00	22.16	27.86
With tuberous sclerosis	9.16	—	9.16	15.00	—	15.00
With other organic nervous disease	11.92	22.50	16.33	15.21	37.00	24.29
Undifferentiated	12.58	16.61	14.49	23.72	26.07	24.84
Other forms	14.00	23.59	18.84	28.64	31.97	30.32
Total	12.28	15.97	14.20	22.14	25.59	23.94

LENGTH OF SCHOOL RESIDENCE OF RESIDENT POPULATION, 1935,
BY CLINICAL DIAGNOSES

Table 160 presents the average length of stay during this admission of all patients in residence in State schools by clinical diagnoses. Out of a total of 5,009 resident cases, 2,399 were males and 2,610 were females. In many of the clinical groups the sexes are quite evenly balanced in numbers. However, we note an excess of males in the groups with developmental cranial anomalies, with congenital cerebral spastic infantile paralyzes, post-traumatic — natal, with familial amaurosis, with other organic nervous disease and in the undifferentiated. The females show an excess in the groups familial, mongolism, post-infectious, post-traumatic — post-natal, with epilepsy — symptomatic, with epilepsy — idiopathic, with endocrine disorders and in other forms.

TABLE 160. — *Average Net Residence During This Admission of All Patients in Residence in State Schools on September 30, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	633	945	1,578	7.92	9.53	8.88
Mongolism	112	118	230	6.87	5.36	6.09
With developmental cranial anomalies	70	49	119	8.96	7.77	8.47
With congenital cerebral spastic infantile paralyzes	94	93	187	13.40	11.24	12.33
Post-infectious	126	134	260	9.92	10.08	10.00
Post-traumatic — natal	64	44	108	7.59	9.49	8.36
Post-traumatic — post-natal	13	20	33	4.17	15.89	11.27
With epilepsy — symptomatic	8	17	25	14.09	12.61	13.09
With epilepsy — idiopathic	52	57	109	8.74	12.80	10.86
With endocrine disorders	29	39	68	10.40	8.33	9.21
With familial amaurosis	8	3	11	18.00	6.16	14.77
With tuberous sclerosis	3	—	3	7.16	—	7.16
With other organic nervous disease	7	5	12	2.55	12.50	6.69
Undifferentiated	1,023	926	1,949	11.34	10.03	10.72
Other forms	157	160	317	14.85	15.09	14.97
Total	2,399	2,610	5,009	10.19	10.04	10.11

(See Table 283 for detail)

In reference to the length of school stay we observe that the groups other forms with 14.9 years; with familial amaurosis, 14.7 years; and with epilepsy — symptomatic, with 13.0 years show the longest periods of school residence. The shorter periods of school residence are viewed in the groups mongolism, 6.0 years; with organic nervous disease, 6.6 years; and with tuberous sclerosis, 7.1 years.

Temporarily discarding the groups showing fewer than thirty cases in residence and disregarding the clinical groups in which the sexes are fairly well balanced, we note interesting differences in certain of the clinical groups. In mongolism, developmental cranial anomalies, with epilepsy — symptomatic, with endocrine disorders, with familial amaurosis, and the undifferentiated, the males show definitely longer periods within State schools. In the groups familial, post-traumatic — natal, post-traumatic — post-natal and with other organic nervous disease, we observe that the females show the longer periods in residence.

APPENDIX

Detailed Tables

- A. Mental Diseases and Epilepsy (Tables 161-257)
- B. Mental Deficiency (Tables 258-289)

Tables 161-289, inclusive, are computed for the Statistical Year ended September 30, 1935.

TABLE 161. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1935*

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1934	13,103	12,516	25,619	1,038	1,491	2,529	69	62	131	1,171	1,326	2,497
<i>Cases Admitted during Year</i>												
Regular Commitment Cases: ¹												
First admissions	1,838	1,606	3,444	250	256	506	78	66	144	255	266	521
Readmissions	458	418	876	54	52	106	8	8	16	62	63	125
Total	2,296	2,024	4,320	304	308	612	86	74	160	317	329	646
Temporary Care Cases:												
First admissions	823	637	1,460	47	38	85	602	515	1,117	85	40	125
Readmissions	269	208	477	14	23	37	189	163	352	37	10	47
Total	1,092	845	1,937	61	61	122	791	678	1,469	122	50	172
Observation Cases:												
First admissions	378	201	579	22	11	33	139	63	202	44	25	69
Readmissions	146	81	227	19	14	33	36	16	52	25	12	37
Total	524	282	806	41	25	66	175	79	254	69	37	106
Voluntary Cases:												
First admissions	165	117	282	—	—	—	25	10	35	2	—	2
Readmissions	68	48	116	—	—	—	13	4	17	1	1	2
Total	233	165	398	—	—	—	38	14	52	3	1	4
Total cases admitted by transfer	279	379	658	15	23	38	—	—	—	11	16	27
Total cases admitted	4,424	3,695	8,119	421	417	838	1,090	845	1,935	522	433	955
Total cases under treatment	17,527	16,211	33,738	1,459	1,908	3,367	1,159	907	2,066	1,693	1,759	3,452
<i>Cases Discharged during Year:</i>												
Regular Commitment Cases: ²												
As recovered	187	160	347	30	45	75	—	6	6	5	1	6
As improved	657	584	1,241	56	50	106	26	9	35	120	104	224
As unimproved	167	91	258	15	17	32	3	2	5	3	6	9
As not insane	39	15	54	9	10	19	—	—	—	4	—	4
Died	937	905	1,842	175	176	351	5	8	13	119	151	270
Total	1,987	1,755	3,742	285	298	583	34	25	59	251	262	513

¹Includes 32 males and 22 females admitted on Sane Dangerous 69 at Monson.

²Includes 13 males and 4 females discharged and 16 males and 7 females who died on Sane Dangerous 69 at Monson.

TABLE 161 — General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1935 — Continued

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Temporary Care Cases:												
As recovered	154	27	181	1	3	4	98	14	112	23	3	26
As improved	212	217	429	8	5	13	171	178	349	16	16	32
As unimproved	402	448	850	29	30	59	356	391	747	5	15	20
As not insane	269	141	410	13	16	29	149	104	253	68	9	77
Died	51	20	71	9	4	13	12	3	15	11	6	17
Total	1,088	853	1,941	60	58	118	786	690	1,476	123	49	172
Observation Cases:												
As recovered	101	44	145	7	2	9	9	5	14	15	3	18
As improved	55	46	101	4	2	6	20	13	33	13	13	26
As unimproved	59	38	97	—	1	1	47	31	78	1	2	3
As not insane	281	132	413	31	20	51	97	33	130	29	14	43
Died	38	26	64	2	1	3	1	1	2	9	5	14
Total	534	286	820	44	26	70	174	83	257	67	37	104
Voluntary Care Cases:												
As recovered	20	16	36	—	—	—	5	1	6	—	—	—
As improved	65	29	94	—	—	—	11	6	17	—	—	—
As unimproved	43	25	68	—	—	—	4	1	5	—	—	—
As not insane	67	23	90	—	—	—	16	5	21	2	1	3
Died	30	30	60	—	—	—	—	—	—	—	—	—
Total	225	123	348	—	—	—	36	13	49	2	1	3
Total cases discharged by transfer	265	368	633	12	57	69	45	46	91	31	70	101
Total cases discharged during year	4,099	3,385	7,484	401	439	840	1,075	857	1,932	474	419	893
Patients on books September 30, 1935:												
Regular commitment cases	12,835	12,240	25,075	1,057	1,462	2,519	55	31	86	1,211	1,334	2,545
Temporary care cases	20	21	41	1	3	4	14	15	29	2	2	4
Observation cases	45	22	67	—	4	4	9	—	9	4	4	8
Voluntary cases	528	543	1,071	—	—	—	6	4	10	2	—	2
Total on books	13,428	12,826	26,254	1,058	1,469	2,527	84	50	134	1,219	1,340	2,559
Total number of patients actually in hospitals September 30, 1935	12,271	11,443	23,714	944	1,335	2,279	46	27	73	1,048	1,153	2,201
Daily average population (including patients on escape, on visit and in family care)	13,118.93	12,580.84	25,699.77	1,043.61	1,485.04	2,528.65	80.09	53.91	134.00	1,191.	1,320.	2,511.
Daily average population (excluding patients on escape, on visit and in family care)	12,115.63	11,274.13	23,389.76	935.60	1,361.20	2,296.80	46.54	32.72	79.26	1,034.	1,142.	2,176.
Rated capacity of the hospitals	11,146	10,015	21,162	909	1,099	2,008	60	49	109	837	998	1,835
Patients on visit September 30, 1935	1,039	1,096	2,135	111	121	232	38	23	61	161	175	336

Daily average number of patients on visit during year	984.53	1,049.81	2,034.34	104.94	111.37	216.31	33.55	21.19	54.74	158.	171.	329.
Patients on escape, September 30, 1935	80	14	94	3	—	3	—	—	—	10	1	11
Daily average number of patients on escape during year	85.36	12.47	97.83	3.07	—	3.07	—	—	—	11.	.58	11.58
Patients boarded out September 30, 1935	38	273	311	—	13	13	—	—	—	—	11	11
Daily average number of patients boarded out during year	40.34	255.44	295.78	—	12.47	12.47	—	—	—	—	9.	9.
Ex-service men on books September 30, 1935	2,042	7	2,049	34	2	36	17	—	17	89	—	89
Daily average number on books during year	2,020.87	7.68	2,028.55	41.01	2.00	43.01	15.62	1.00	16.62	82.	—	82.
Daily average number actually in hospital during year	1,860.04	5.90	1,865.94	32.90	2.00	34.90	6.32	.06	6.38	62.	—	62.
Support of patient population (exclusive of patients on escape and on visit)												
Supported by State	10,052	9,983	20,035	864	1,176	2,040	46	26	72	937	950	1,887
Reimbursing	744	1,460	2,204	80	159	239	—	1	1	111	203	314
Ex-service patients for whom pay is received from the Federal Government	1,477	5	1,482	—	1	1	—	—	—	—	—	—
Non-insane patients actually in hospitals September 30, 1935:												
Mentally defective	88	45	133	1	6	7	2	1	3	—	—	—
Epileptic	417	423	840	—	—	—	—	—	—	—	—	—
Others	31	22	53	—	—	—	2	—	2	—	1	1
	78	59	137	4	8	12	9	4	13	7	3	10
Total	614	549	1,163	5	14	19	13	5	18	7	4	11

TABLE 161. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1935 — Continued*

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1934	595	695	1,290	837	677	1,514	664	784	1,448	769	1,076	1,845	650	673	1,323
Cases Admitted during Year:															
Regular Commitment Cases:															
First admissions	114	87	201	29	37	66	21	12	33	112	115	227	—	—	—
Readmissions	10	29	39	7	13	20	10	8	18	23	35	58	—	—	—
Total	124	116	240	36	50	86	31	20	51	135	150	285	—	—	—
Temporary Cure Cases:															
First admissions	8	—	8	10	2	12	—	—	—	5	4	9	—	—	—
Readmissions	5	2	7	2	1	3	—	—	—	2	—	2	—	—	—
Total	13	2	15	12	3	15	—	—	—	7	4	11	—	—	—
Observation Cases:															
First admissions	19	8	27	4	5	9	1	—	1	3	6	9	—	—	—
Readmissions	6	3	9	3	—	3	—	3	3	9	6	15	—	—	—
Total	25	11	36	7	5	12	1	3	4	12	12	24	—	—	—
Voluntary Cases:															
First admissions	1	—	1	7	4	11	—	—	—	—	—	—	—	—	—
Readmissions	1	1	2	2	1	3	—	—	—	—	—	—	—	—	—
Total	2	1	3	9	5	14	—	—	—	—	—	—	—	—	—
Total cases admitted by transfer	6	8	14	26	2	28	1	30	31	29	68	97	99	178	277
Total cases admitted	170	138	308	90	65	155	33	53	86	183	234	417	99	178	277
Total cases under treatment	765	833	1,598	927	742	1,669	697	837	1,534	952	1,310	2,262	749	851	1,600
Cases Discharged during Year:															
Regular Commitment Cases:															
As recovered	13	8	21	—	—	—	4	2	6	1	2	3	1	2	3
As improved	33	34	67	19	19	38	8	4	12	25	35	60	2	9	11
As unimproved	8	8	16	31	3	34	—	2	2	8	—	8	2	—	2
As not insane	—	—	—	3	—	3	—	1	1	—	—	—	—	—	—
Died	46	35	81	16	24	40	27	42	69	55	65	120	12	6	18
Total	100	85	185	69	46	115	39	51	90	89	102	191	17	17	34

Temporary Care Cases:														
As recovered	2	—	2	6	—	6	—	—	—	—	2	1	3	—
As improved	4	2	6	—	1	—	—	—	—	—	2	1	3	—
As unimproved	—	—	—	3	—	—	—	—	—	—	—	1	1	—
As not insane	5	—	5	4	2	—	—	—	—	—	3	—	3	—
Died	2	—	2	—	—	—	—	—	—	—	—	1	1	—
Total	13	2	15	13	3	16	—	—	—	—	7	4	11	—
Observation Cases:														
As recovered	8	4	12	3	—	3	—	—	—	—	—	3	3	—
As improved	3	2	5	1	—	—	—	—	—	—	3	5	8	—
As unimproved	—	—	—	—	—	—	—	—	—	—	1	—	1	—
As not insane	12	2	14	3	2	5	1	3	4	—	6	4	10	—
Died	2	1	3	—	2	2	—	—	—	—	—	—	—	—
Total	25	9	34	7	4	11	1	3	4	—	10	12	22	—
Voluntary Care Cases:														
As recovered	1	1	1	3	—	3	—	—	—	—	—	—	—	—
As improved	—	—	2	2	3	5	—	—	—	—	—	—	—	—
As unimproved	—	—	—	—	—	—	—	—	—	—	—	—	—	—
As not insane	2	—	2	5	1	6	—	—	—	—	—	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	4	1	5	10	4	14	—	—	—	—	—	—	—	—
Total cases discharged by transfer														
Total cases discharged during year	5	14	19	3	—	3	6	27	33	—	31	27	58	—
Patients on books September 30, 1935:	147	111	258	102	57	159	46	81	127	—	137	145	282	—
Regular commitment cases	616	718	1,334	824	683	1,507	651	756	1,407	—	813	1,164	1,977	—
Temporary care cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Observation cases	2	3	5	—	1	1	—	—	—	—	2	1	3	—
Voluntary cases	—	1	1	1	1	2	—	—	—	—	—	—	—	—
Total on books	618	722	1,340	825	685	1,510	651	756	1,407	—	815	1,165	1,980	—
Total number of patients actually in hospitals September 30, 1935	569	680	1,249	790	546	1,336	642	731	1,373	—	769	1,078	1,847	—
Daily average population (including patients on escape, on visit and in family care)														
Daily average population (excluding patients on escape, on visit and in family care)	597.42	710.54	1,307.96	830.55	680.41	1,510.96	657.75	776.70	1,434.45	—	784.34	1,124.34	1,908.68	—
Daily average population (including patients on escape, on visit and in family care)	544.42	652.95	1,197.37	797.47	545.96	1,343.43	646.01	753.42	1,399.43	—	748.34	1,061.84	1,810.18	—
Rated capacity of the hospitals	535	584	1,119	729	484	1,213	695	599	1,294	—	645	963	1,608	—
Patients on visit Sept. 30, 1935	41	39	80	28	33	61	6	9	15	—	37	73	110	—
Daily average number of patients on visit during year	39.50	53.83	93.33	24.47	31.58	56.05	7.94	7.07	15.01	—	29.00	50.60	79.60	—
Patients on escape Sept. 30, 1935	7	1	8	7	1	8	2	—	2	—	9	7	16	—

TABLE 161. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1935* — Continued

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Daily average number of patients on escape during year	12.50	1.75	14.25	8.60	.18	8.78	.94	—	.94	7.13	4.12	11.25	.2	—	.2
Patients boarded out Sept. 30, 1935	1	2	3	—	105	105	1	16	17	—	7	7	—	1	1
Daily average number of patients boarded out during year	1.00	2.00	3.00	—	102.84	102.84	2.85	16.21	19.06	—	7.78	7.78	.04	.80	.84
Ex-service men on books Sept. 30, 1935	41	—	41	12	—	12	10	—	10	20	—	20	33	—	33
Daily average number on books during year	37.25	—	37.25	10.93	—	10.93	8.69	—	8.69	19.16	—	19.16	28.1	—	28.1
Daily average number actually in hospital during year	32.91	—	32.91	10.55	—	10.55	7.91	—	7.91	18.49	—	18.49	28.1	—	28.1
Support of patient population (exclusive of patients on escape and on visit)															
Supported by State	526	577	1,103	761	499	1,260	618	707	1,325	741	1,005	1,746	677	730	1,407
Reimbursing	43	103	146	29	47	76	24	24	48	28	73	101	35	71	106
Ex-service patients for whom pay is received from the Federal Government	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Non-insane patients actually in hospitals September 30, 1935:															
Mentally defective	1	3	4	27	13	40	1	—	1	1	—	1	—	—	—
Epileptic and mentally defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Others	—	1	1	5	3	8	1	1	2	—	1	1	3	13	16
Total	1	4	5	32	17	49	2	1	3	1	1	2	3	13	16

TABLE 161. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1935* — Continued

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books Sept. 30, 1934	976	1,094	2,070	863	876	1,739	774	989	1,763	1,286	1,371	2,657	782	788	1,570
<i>Cases Admitted during Year</i>															
Regular commit. cases:															
First admissions	237	206	443	182	171	353	116	143	259	249	196	445	25	12	37
Readmissions	38	47	85	45	45	90	47	46	93	58	50	108	11	13	24
Total	275	253	528	227	216	443	163	189	352	307	246	553	36	25	61
Temporary care cases:															
First admissions	15	11	26	27	10	37	2	3	5	11	8	19	—	—	—
Readmissions	3	3	6	9	3	12	—	1	1	3	1	4	—	—	—
Total	18	14	32	36	13	49	2	4	6	14	9	23	—	—	—
Observation cases:															
First admissions	29	25	54	33	17	50	10	9	19	53	29	82	—	—	—
Readmissions	4	4	8	12	3	15	9	8	17	18	12	30	—	—	—
Total	33	29	62	45	20	65	19	17	36	71	41	112	—	—	—
Voluntary cases:															
First admissions	—	3	3	—	4	4	1	2	3	5	1	6	65	70	135
Readmissions	1	—	1	1	3	4	3	4	7	2	6	8	11	15	26
Total	1	3	4	1	7	8	4	6	10	7	7	14	76	85	161
Total cases admitted by transfer	3	5	8	6	5	11	6	23	29	19	15	34	4	—	4
Total cases admitted	330	304	634	315	261	576	194	239	433	418	318	736	116	110	226
Total cases under treatment	1,306	1,398	2,704	1,178	1,137	2,315	968	1,228	2,196	1,704	1,689	3,393	898	898	1,796
<i>Cases Discharged during Year</i>															
Regular commit. cases:															
As recovered	30	5	35	13	21	34	38	45	83	24	11	35	—	—	—
As improved	55	98	153	47	43	90	35	40	75	113	117	230	—	1	1
As unimproved	32	5	37	4	10	14	14	14	28	19	15	34	13	4	17
As not insane	4	2	6	3	1	4	—	—	—	2	1	3	—	—	—
Died	96	68	164	93	76	169	65	80	145	113	127	240	32	18	50
Total	217	178	395	160	151	311	152	179	331	271	271	542	45	23	68

TABLE 161. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1935* — Continued

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Temporary care cases:															
As recovered	6	—	6	12	1	13	1	—	1	2	1	3	—	—	—
As improved	2	3	5	6	7	13	1	1	1	—	1	1	—	—	—
As unimproved	3	7	10	1	—	1	1	2	3	1	—	2	—	—	—
As not insane	3	3	6	11	3	14	—	—	—	6	4	10	—	—	—
Died	3	—	3	5	3	8	—	1	1	7	2	9	—	—	—
Total	17	13	30	35	14	49	2	4	6	16	9	25	—	—	—
Observation Cases:															
As recovered	13	7	20	15	6	21	4	2	6	10	10	20	—	—	—
As improved	3	5	7	6	3	9	1	1	2	1	2	3	—	—	—
As unimproved	3	1	4	—	1	1	—	—	—	6	2	8	—	—	—
As not insane	18	10	28	16	6	22	13	10	23	46	28	74	—	—	—
Died	3	6	9	12	3	15	3	6	9	6	1	7	—	—	—
Total	39	29	68	49	19	68	21	19	40	69	43	112	—	—	—
Voluntary care cases:															
As recovered	—	—	—	2	1	3	—	—	—	—	1	1	—	—	—
As improved	—	—	—	1	4	5	—	—	—	—	—	—	2	3	5
As unimproved	—	1	1	—	—	—	—	—	—	2	1	3	31	19	50
As not insane	—	1	1	2	2	4	8	5	13	3	3	6	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	1	1	28	28	56
Total	—	2	2	5	7	12	8	5	13	5	6	11	61	50	111
Total cases discharged by transfer.	27	4	31	22	21	43	10	65	75	54	17	71	1	1	2
Total cases discharged during year.	300	226	526	271	212	483	193	272	465	415	346	761	107	74	181
Patients on books Sept. 30, 1935:															
Regular commit. cases	1,003	1,168	2,171	902	919	1,821	772	952	1,724	1,283	1,337	2,620	310	318	628
Temporary care cases	1	1	2	2	—	2	—	—	—	—	—	—	—	—	—
Observation cases	—	2	2	2	2	4	1	—	1	4	4	8	—	—	—
Voluntary cases	2	1	3	1	4	5	2	4	6	2	2	4	481	506	987
Total on books actually in hospitals September 30, 1935	1,006	1,172	2,178	907	925	1,832	775	956	1,731	1,289	1,343	2,632	791	824	1,615
Daily average population (including patients on escape, on visit and in family care)	882	996	1,878	821	820	1,641	672	823	1,495	1,105	1,121	2,226	717	759	1,476
	979.89	1,114.90	2,094.79	876.95	904.34	1,781.29	678.32	946.30	1,624.62	1,280.26	1,345.38	2,625.64	763.18	783.59	1,546.77

Daily average population (excluding patients on escape, on visit and in family care)	862.54	970.01	1,832.55	794.82	802.88	1,597.70	669.51	805.52	1,475.03	1,091.68	1,112.63	2,204.31	717.67	748.29	1,465.96
Rated capacity of the hospitals	652	1,014	1,666	564	596	1,160	532	753	1,285	1,240	978	2,218	534	613	1,147
Patients on visit Sept. 30, 1935	119	162	281	83	102	185	84	110	194	146	140	286	70	65	135
Daily average number of patients on visit during year	104.63	146.70	251.33	78.59	99.40	177.99	89.02	117.57	206.59	152.75	154.33	307.08	44.33	35.27	79.60
Patients on escape Sept. 30, 1935	4	-	4	3	-	3	7	2	9	15	2	17	4	-	4
Daily average number of patients on escape during year	11.35	-	11.35	3.53	-	3.53	7.07	2.41	9.48	12.58	3.41	15.99	1.17	.01	1.18
Patients boarded out Sept. 30, 1935	1	14	15	-	3	3	12	21	33	23	80	103	-	-	-
Daily average number of patients boarded out during year	.49	6.51	7.00	-	2.05	2.05	12.71	20.78	33.49	23.25	75.00	98.25	-	-	-
Ex-service men on books Sept. 30, 1935	22	-	22	53	-	53	31	3	34	56	1	57	6	-	6
Daily average number on books during year	.57	-	.57	49.16	-	49.16	51.19	2.70	53.89	61.75	-	61.75	6.98	-	6.98
Daily average number actually in hospital during year	.50	-	.50	47.08	-	47.08	34.24	2.20	36.44	61.75	-	61.75	6.72	-	6.72
Support of patient population (exclusive of patients on escape and on visit)	801	815	1,616	781	712	1,493	582	628	1,210	1,035	1,002	2,037	689	724	1,413
Supported by State	81	181	262	40	108	148	90	195	285	70	119	189	28	35	63
Reimbursing	-	-	-	-	-	-	-	3	3	1	-	1	-	-	-
Ex-service patients for whom pay is received from the Fed. Gov.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-insane patients actually in hospitals Sept. 30, 1935:	12	10	22	-	-	-	1	-	1	4	1	5	12	2	14
Mentally defective	-	-	-	-	-	-	-	-	-	-	-	-	417	423	840
Epileptic and mentally defective	-	-	-	-	-	-	-	-	-	-	-	-	28	20	48
Epileptic	3	4	7	1	-	1	3	4	7	6	5	11	17	11	28
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	15	14	29	1	-	1	4	4	8	10	6	16	474	456	930

[illegible]

TABLE 161. — *General Statistics of All Hospitals for Mental Diseases, State of Massachusetts, for the Year Ended September 30, 1935* — Concluded

	McLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' No. 107			U. S. VETERANS' No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients boarded out September 30, 1935	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Daily average number of patients boarded out during year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ex-service men on looks September 30, 1935	3	1	4	50	—	50	1	—	1	887	—	887	677	—	677
Daily average number on looks during year	3.81	1.98	5.79	51.	—	51.	1.	—	1.	875.65	—	875.65	677.	—	677.
Daily average number actually in hospital during year	3.57	1.64	5.21	51.	—	51.	1.	—	1.	826.	—	826.	629.	—	629.
Support of patient population (exclusive of patients on escape and on visit):															
Supported by State	—	—	—	895	—	895	99	432	531	—	—	—	—	—	—
Reimbursing	77	129	206	8	—	8	—	12	12	—	—	—	—	—	—
Ex-service patients for whom pay is received from the Federal Government	—	—	—	1	—	1	—	—	—	839	—	839	636	—	636
Non-insane patients actually in hospital September 30, 1935:															
Mentally defective	—	—	—	22	—	22	3	9	12	—	—	—	1	—	1
Epileptic and mentally defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Others	6	1	7	6	—	6	—	—	—	2	—	2	5	—	5
Total	6	1	7	29	—	29	3	9	12	2	—	2	6	—	6

TABLE 162. — *Deportation of Insane, Mentally Defective, and Epileptic from Public Institutions for the Year Ended November 30, 1935*¹

	TOTALS			DEPARTMENT			U. S. COMMISSION OF IMMIGRATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases pending November 30, 1934	24	23	47	6	7	13	18	16	34
Since reported	69	45	114	63	41	104	6	4	10
Total cases under consideration	93	68	161	69	48	117	24	20	44
Deported	60	31	91	50	29	79	10	2	12
Viz: other states	43	29	72	43	29	72	—	—	—
other countries	17	2	19	7	—	7	10	2	12
special cases not landed under Immigration laws and deported	—	—	—	—	—	—	—	—	—
Discouraged	7	8	15	5	5	10	2	3	5
Viz: care of friends	5	5	10	3	3	6	2	2	4
escaped	2	2	4	2	1	3	—	1	1
transferred to Veterans or private hospitals	—	1	1	—	1	1	—	—	—
Died	3	—	3	2	—	2	1	—	1
Dropped from further consideration	3	1	4	1	—	1	2	1	3
Viz: rejected by Commissioner of Immigration	2	1	3	—	—	—	2	1	3
rejected by the department	1	—	1	1	—	1	—	—	—
Total cases closed	73	40	113	58	34	92	15	6	21
Cases pending November 30, 1935	20	28	48	11	14	25	9	14	23
Viz: not in condition to deport	1	1	2	—	1	1	1	—	1
awaiting action	15	20	35	8	7	15	7	13	20
on visit	4	7	11	3	6	9	1	1	2

¹Includes Mental Wards, Tewksbury and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals

TABLE 163. — *Small Private Hospitals and Schools: Number under Care for the Year ended September 30, 1935*

	TOTALS			INSANE			SANE VOLUNTARY			INEBRIATE			FEEBLE-MINDED			TEMPORARY CARE			NON-MENTAL			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Bosworth Hospital, Arthur Berk, M.D.	6	9	15	5	4	9	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	
Bournewood, George H. Torney, M.D.	1	8	9	1	7	8	6	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
Channing Sanitarium, Inc., Donald Gregg, M.D.	7	22	29	1	14	15	6	6	12	—	—	—	—	—	—	—	—	—	—	—	—	
Glenside, Mabel D. Ordway, M.D.	5	78	83	4	70	74	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Reeves' Sanatorium, Fred B. Jewett, M.D.	2	6	8	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ring Sanatorium and Hospital, Inc., Barbara T. Ring, M.D.	11	25	36	5	18	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Westwood Lodge, William J. Hammond, M.D.	6	9	15	2	4	6	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wiswall Sanatorium, Inc., Edward H. Wiswall, M.D.	5	15	20	4	15	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Kittredge Farm, Joseph Kittredge, M.D.	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Woodlawn Sanitarium, Ewan A. Robertson, M.D.	1	3	4	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	
Grove Hall Institute, Geo. Colton Moore, M.D.	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dr. Taylor's Private Hospital, Frederick L. Taylor, M.D.	10	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Washingtonian Home, Hugh Barr Gray, M.D.	10	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Clarke School, Miss Edith G. Clarke	5	8	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Elm Hill Private School, George A. Brown, M.D.	16	5	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Perkins School, Franklin H. Perkins, M.D.	17	19	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Standish Manor, Miss Alice M. Myers	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
The Freer School, Miss Cora E. Morse	3	6	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals	112	218	330	24	136	160	6	10	16	26	—	26	—	40	42	82	—	4	4	16	26	42

†Not including McLean Hospital. Information for McLean may be found in Text Table 1.

TABLE 164. — Country of Birth and Percentage of First Court Admissions to Hospitals for Mental Diseases, 1935, by Sex¹

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both	Fathers	Mothers	Both
Africa	—	—	—	1	—	—	—	—	—
Australia	1	—	1	1	—	—	—	—	—
Austria	7	4	11	12	11	1	9	8	7
Belgium	—	2	2	—	—	—	2	2	2
Canada ²	134	169	303	231	241	187	226	215	174
China	2	2	2	1	3	1	—	—	—
Czecho-Slovakia	3	3	6	3	4	3	4	5	4
Cuba	1	—	1	1	1	1	—	—	—
Denmark	1	—	2	3	3	3	—	—	—
England	51	34	85	95	83	62	75	66	43
Finland	6	7	13	10	9	9	14	15	15
France	6	3	9	8	6	5	4	3	3
Germany	25	8	33	46	40	37	28	23	20
Greece	12	4	16	15	14	14	8	8	8
Holland	—	—	—	—	—	—	3	—	—
Hungary	—	—	—	—	—	—	2	2	2
India	—	—	—	—	—	—	—	—	—
Ireland	114	131	245	318	326	274	323	315	282
Italy	92	55	147	139	134	132	85	84	81
Jugo-Slavia	1	1	2	1	1	1	1	1	1
Norway	3	1	4	4	3	3	2	1	1
Philippine Islands	—	—	—	1	1	1	—	—	—
Poland	42	33	75	66	61	60	48	45	44
Portugal	29	20	49	41	43	38	27	27	26
Rumania	—	—	—	—	—	—	—	—	—
Russia	34	33	67	51	50	46	50	47	47
Scotland	12	18	30	29	28	18	32	29	23
Spain	2	—	2	2	2	2	—	—	—
South America	—	—	—	—	—	—	—	—	—
Sweden	21	13	34	43	41	39	21	24	20
Switzerland	—	—	—	3	2	2	3	1	1
Turkey in Asia	1	3	4	1	1	1	3	4	3
Turkey in Europe	3	3	6	3	3	3	3	3	3
United States ³	1,190	1,032	2,222	559	565	458	492	515	419
Wales	—	—	—	—	—	—	—	—	—
West Indies ⁴	3	5	8	4	3	3	1	3	1
Other countries ⁵	34	17	51	48	48	47	23	23	23
Unknown	6	5	11	93	106	80	108	129	97
Total	1,838	1,606	3,444	1,838	1,838	1,542	1,606	1,606	1,356

¹Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Tewksbury, McLean and Veterans Administration Facilities Nos. 107 and 95
²Includes Newfoundland.
³Persons born in Hawaii, Porto Rico and the Virgin Islands are recorded as born in the United States.
⁴Except Cuba, Porto Rico, and the Virgin Islands.
⁵Includes Europe and Asia not specified; also, born at sea.

TABLE 165. — *Country of Birth and Parentage of Court Readmissions to Hospitals for Mental Diseases, 1935, by Sex*

	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	NATIVITY			Both Parents			Both Parents		
	M.	F.	T.	Fathers	Mothers	Both	Fathers	Mothers	Both
Austria	1	—	1	3	5	3	1	1	1
Belgium	—	—	—	—	—	—	3	—	—
Canada ¹	26	31	57	53	52	41	63	60	48
Czecho-Slovakia	—	—	—	1	1	1	1	1	1
Denmark	—	—	—	1	1	1	—	—	—
England	5	9	14	16	13	8	22	17	12
Finland	3	4	7	4	4	4	4	4	4
France	—	2	2	1	2	—	2	4	1
Germany	2	4	6	10	10	7	12	7	6
Greece	1	—	1	1	1	1	2	2	2
Holland	1	—	1	1	1	1	—	—	—
Hungary	—	—	—	1	1	1	—	—	—
Ireland	27	37	64	103	108	85	80	87	72
Italy	15	10	25	25	25	25	16	13	13
Norway	1	—	1	1	1	1	—	—	—
Philippine Islands	—	—	—	—	—	—	—	—	—
Poland	—	—	—	1	1	1	—	—	—
Portugal	8	12	20	15	12	12	11	11	11
Russia	6	3	9	8	8	8	6	6	6
Scotland	15	13	28	23	25	23	24	23	23
Spain	6	—	6	11	8	7	5	5	2
Sweden	—	2	2	—	—	—	—	—	—
Switzerland	—	—	—	—	—	—	—	—	—
Turkey in Europe	5	1	6	11	11	9	11	12	11
United States ²	1	1	2	1	1	1	1	1	1
Wales	—	—	—	146	145	115	142	152	121
West Indies ³	2	—	2	—	—	—	—	—	—
Other countries ⁴	2	5	7	2	2	2	1	1	1
Unknown	—	—	—	14	14	11	2	2	2
Total	458	418	876	458	458	372	418	418	346

Includes Newfoundland.

¹Persons born in Hawaii, Porto Rico and the Virgin Islands are recorded as born in the United States.²Except Cuba, Porto Rico and Virgin Islands.³Includes Europe and Asia not specified; also, born at sea.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 166. — Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1935, by Nativity, Parentage and Sex

AGE GROUPS	AGGREGATE			TOTAL			NATIVE BORN						FOREIGN BORN			NATIVITY UNKNOWN								
	M.	F.	T.	Total			Parentage			Mixed			Unknown			M.	F.	T.	M.	F.	T.			
				M.	F.	T.	Native	Foreign	Mixed	Unknown														
0-14 years	15	6	21	14	6	20	4	—	4	3	9	4	7	—	—	1	—	—	—	—				
15-19 years	103	79	182	98	73	171	35	32	67	6	34	26	60	27	15	42	5	8	23	10				
20-24 years	150	113	263	135	105	240	44	41	85	59	48	107	42	5	5	10	15	8	23	1				
25-29 years	113	117	230	102	97	199	31	31	62	43	40	83	48	5	6	19	10	19	29	1				
30-34 years	141	108	249	103	89	192	37	29	66	37	32	69	51	4	3	37	19	49	56	1				
35-39 years	159	153	312	115	104	219	47	40	87	39	32	71	58	3	4	43	3	44	92	1				
40-44 years	174	157	331	110	96	206	31	39	70	45	34	79	47	6	4	64	6	61	125	—				
45-49 years	139	139	278	73	83	156	26	32	58	22	24	46	21	6	4	56	4	8	66	—				
50-54 years	153	127	280	89	65	154	46	30	76	24	18	42	16	3	5	63	4	8	122	—				
55-59 years	111	120	231	88	60	148	20	19	39	17	27	44	16	10	26	5	4	53	61	1				
60-64 years	142	88	230	68	41	109	31	17	48	18	10	28	14	10	26	5	4	53	59	1				
65-69 years	149	97	246	80	49	129	24	28	52	28	13	41	21	6	27	7	2	74	47	—				
70-74 years	109	99	208	45	48	93	19	24	43	15	8	23	8	9	17	2	7	68	47	1				
75-79 years	102	102	204	56	54	110	32	25	57	15	18	33	7	4	11	9	10	63	51	2				
80-84 years	54	65	119	26	40	66	15	18	33	7	6	13	3	6	9	2	7	46	48	1				
85-89 years	18	25	43	15	13	28	8	7	15	3	1	4	4	3	6	1	10	28	25	—				
90 years and over	6	11	17	3	9	12	1	6	7	1	—	1	—	—	—	2	4	6	3	—				
Total	1,838	1,606	3,444	1,190	1,032	2,222	451	418	869	413	340	753	270	214	484	56	60	116	642	569	1,211	6	5	11

TABLE 167. — Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1935, by Nativity, Parentage and Sex

AGE GROUPS	NATIVE BORN												FOREIGN BORN								
	AGGREGATE			TOTAL			PARENTAGE														
							NATIVE		FOREIGN		MIXED					UNKNOWN					
M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.						
0-14 years	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1					
15-19 years	8	6	14	32	22	54	8	6	14	17	10	27	7	6	13	1					
20-24 years	32	23	55	37	33	70	10	20	30	17	7	24	10	6	16	1					
25-29 years	41	38	79	41	28	69	11	10	21	17	10	27	11	8	19	9					
30-34 years	46	41	87	47	31	78	12	11	23	18	10	28	12	9	21	18					
35-39 years	74	45	119	61	31	92	16	10	26	23	15	38	17	5	22	17					
40-44 years	59	63	122	38	40	78	11	14	25	15	11	26	10	15	25	27					
45-49 years	55	46	101	36	27	63	21	9	30	11	8	19	4	10	14	38					
50-54 years	40	49	89	22	28	50	10	12	22	6	8	14	6	8	14	39					
55-59 years	39	29	68	24	16	40	12	11	23	6	5	11	6	6	6	28					
60-64 years	31	32	63	18	17	35	8	11	19	5	4	9	5	2	7	28					
65-69 years	17	18	35	7	8	15	3	4	7	3	4	7	1	1	1	20					
70-74 years	11	12	23	3	7	10	2	4	6	1	3	4	1	1	1	20					
75-79 years	2	9	11	1	7	8	1	4	4	1	1	1	1	3	3	13					
80-84 years	1	5	6	1	5	5	—	4	4	1	1	1	1	1	2	3					
85-89 years	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1					
Total	458	418	876	330	277	607	115	121	236	124	88	212	82	67	149	9	1	10	128	141	269

TABLE 168. — Admission Ages of All Other First Admissions to Hospitals for Mental Diseases, 1935, by Nativity, Parentage and Sex

AGE GROUPS	AGGREGATE			TOTAL			NATIVE BORN									FOREIGN BORN			NATIVITY UNKNOWN					
	M.	F.	T.	M.	F.	T.	PARENTAGE			MIXED			UNKNOWN			M.	F.	T.	M.	F.	T.			
							NATIVE			FOREIGN			M.	F.	T.							M.	F.	T.
							M.	F.	T.	M.	F.	T.												
0-14 years	76	49	125	73	46	119	35	21	56	20	12	32	17	11	28	1	2	3	3	3	6	-	-	-
15-19 years	118	108	226	115	103	218	38	37	75	43	34	77	29	31	60	5	1	6	3	5	8	-	-	-
20-24 years	130	93	223	119	85	204	46	31	77	47	30	77	22	22	44	4	2	6	11	8	19	-	-	-
25-29 years	101	95	196	87	75	162	30	23	53	34	27	61	19	22	41	4	3	7	14	20	34	-	-	-
30-34 years	146	92	238	115	72	187	39	27	66	49	25	74	23	17	40	4	1	5	31	20	51	1	1	2
35-39 years	187	106	293	147	73	220	54	25	79	51	24	75	38	23	61	4	1	5	39	32	71	1	1	2
40-44 years	155	111	266	96	71	167	42	34	76	39	20	59	14	11	25	1	6	7	59	39	98	-	-	-
45-49 years	123	83	206	62	50	112	23	17	40	22	17	39	12	11	23	3	3	6	61	33	94	-	-	-
50-54 years	95	76	171	43	37	80	18	15	33	12	9	21	12	11	23	1	2	3	51	39	90	1	-	-
55-59 years	85	53	138	52	26	78	26	10	36	18	10	28	7	5	12	1	1	2	33	27	60	-	-	-
60-64 years	58	29	87	25	14	39	12	4	16	8	8	16	4	1	5	1	1	2	32	15	47	1	-	-
65-69 years	37	24	61	19	8	27	12	3	15	6	3	9	1	-	1	-	2	2	16	16	32	2	-	-
70-74 years	20	14	34	8	6	14	3	4	7	4	1	5	3	-	5	1	1	2	10	8	18	2	-	-
75-79 years	20	13	33	12	9	21	5	4	9	4	3	7	3	2	5	1	1	1	7	4	11	1	-	-
80-84 years	8	6	14	4	5	9	3	3	6	1	1	2	-	1	1	-	-	-	4	1	5	-	-	-
85-89 years	5	1	6	4	1	5	4	-	4	1	1	1	-	-	-	-	-	-	1	1	1	-	-	-
90 years and over	2	2	4	2	1	3	1	1	2	1	-	1	-	-	-	-	-	-	-	1	1	-	-	-
Total	1,366	955	2,321	983	682	1,665	391	259	650	359	225	584	203	170	373	30	28	58	375	271	646	8	2	10

TABLE 170. — *Country of Birth of Foreign Born First Court Admissions, 1935, by Mental Disorders and Sex*

COUNTRY OF BIRTH	TOTAL		WITH SYPHILITIC MENINGO- ENCEPHALITIS		WITH OTHER FORMS OF SYPHILIS		WITH EPIDEMIC ENCEPHALITIS		WITH OTHER INFECTIOUS DISEASES		ALCOHOLIC PSYCHOSES		DUE TO DRUGS, ETC.		TRAUMATIC PSYCHOSES		WITH CEREBRAL ARTERIO- SCLEROSIS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	7	4	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada ¹	134	169	303	12	4	16	—	—	—	—	1	—	—	—	—	1	—	1
England	51	34	85	5	1	6	—	—	—	—	14	2	16	—	2	46	44	90
Finland	6	7	13	2	1	3	—	—	—	—	—	—	—	—	1	26	13	39
France	6	3	9	1	—	—	—	—	—	—	1	1	2	—	—	1	—	1
Germany	25	8	33	3	—	3	—	—	—	—	—	—	—	—	—	1	1	2
Greece	12	4	16	3	—	—	—	—	—	—	1	—	—	—	—	10	3	13
Ireland	114	131	245	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—
Italy	92	55	147	15	—	15	—	1	—	—	19	5	24	—	—	42	54	96
Poland	42	33	75	3	—	3	—	1	—	—	17	—	—	—	—	23	9	32
Portugal	29	20	49	8	1	9	—	—	—	—	14	3	17	—	1	3	4	7
Russia	34	33	67	6	—	6	—	—	—	—	5	—	—	—	—	3	—	3
Scotland	12	18	30	1	—	1	—	—	—	—	4	1	5	—	—	9	5	14
Sweden	21	13	34	1	—	1	—	—	—	—	1	—	—	—	1	5	3	8
West Indies ²	3	5	8	1	—	1	—	—	—	—	3	—	—	—	—	8	1	9
All other countries ³	54	32	86	6	1	7	—	—	—	—	6	2	8	—	1	1	1	2
Unknown	6	5	11	—	—	—	—	—	—	—	—	—	—	—	—	2	5	12
Total	648	574	1,222	74	12	86	10	3	13	5	77	15	92	—	2	188	144	332

¹Includes Newfoundland.²Except Cuba, Porto Rico and Virgin Islands.³Includes Europe and Asia not specified; also, born at sea.

All countries having 6 or less first court admissions are added to the group "All other countries".

TABLE 170 — *Country of Birth of Foreign Born First Court Admissions, 1935, by Mental Disorders and Sex* — Continued

COUNTRY OF BIRTH	WITH OTHER DISTURBANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			DUE TO NEW GROWTH			WITH ORGANIC CHANGES OF NERVOUS SYSTEM			PSYCHO-NEUROSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	-	-	-	-	-	-	1	-	1	-	2	2	-	-	-	-	-	-	-	-	-	1	1	1
Canada ¹	3	4	7	2	5	17	27	44	18	19	1	1	1	1	4	5	1	1	3	3	6	-	4	4
England	-	-	-	-	-	7	7	14	2	2	4	4	1	1	2	3	-	-	1	1	1	1	1	1
Finland	1	1	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
France	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Germany	-	-	-	-	-	3	1	4	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Greece	-	-	-	-	-	-	-	-	1	4	1	1	-	-	-	-	-	-	-	-	-	2	2	2
Ireland	-	-	-	-	-	14	23	37	5	4	9	6	2	2	6	8	-	-	4	1	5	-	1	1
Italy	1	2	3	-	3	2	6	8	2	4	6	3	1	2	2	2	-	-	3	1	4	-	2	2
Poland	-	1	1	1	1	2	3	3	2	2	1	3	3	5	-	-	-	-	-	-	-	2	2	4
Portugal	-	-	-	1	1	4	4	4	2	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-
Russia	-	-	-	-	3	2	2	4	1	2	3	4	1	1	1	1	-	-	1	-	1	1	1	2
Scotland	-	-	-	-	-	2	3	5	3	3	6	-	-	-	-	-	-	-	-	1	1	-	1	1
Sweden	-	-	-	-	-	-	2	2	3	3	6	-	-	-	-	-	-	-	-	1	1	-	-	-
West Indies ²	1	-	1	-	-	-	-	-	-	2	6	-	-	-	-	-	-	-	-	1	1	-	-	-
All other countries ³	-	-	-	-	-	4	2	6	2	4	6	1	-	-	-	-	-	-	-	-	-	2	1	3
Unknown	-	-	-	-	-	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	7	8	15	4	10	58	77	135	21	47	68	7	14	21	2	1	3	12	6	18	8	11	19	19

¹Includes Newfoundland.²Except Cuba, Porto Rico and Virgin Islands.³Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first court admissions are added to the group "All Other countries".

TABLE 170. — Country of Birth of Foreign Born First Court Admissions, 1935, by Mental Disorders and Sex — Concluded

COUNTRY OF BIRTH			MANIC-DEPRESSIVE PSYCHOSES		DEMENTIA PRAECOX		PARANOIA AND PARANOID CONDITIONS		WITH PSYCHOPATHIC PERSONALITY		WITH MENTAL DEFICIENCY		UNDIAGNOSED PSYCHOSES		WITHOUT PSYCHOSES		PRIMARY BEHAVIOR DISORDERS									
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Austria	.	.	1	1	2	3	—	3	—	2	9	11	—	—	—	—	—	—	—							
Canada ¹	.	.	6	13	19	15	19	34	—	1	1	2	3	—	—	3	—	—	—							
England	.	.	1	4	5	3	3	6	1	—	2	2	—	—	—	—	—	—	—							
Finland	.	.	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—							
France	.	.	2	—	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—							
Germany	.	.	1	1	2	5	—	5	—	—	1	1	—	—	—	—	—	—	—							
Greece	.	.	1	1	2	4	3	7	—	—	—	—	—	—	—	—	—	—	—							
Ireland	.	.	7	11	18	10	12	22	3	3	6	—	1	1	2	3	—	—	—							
Italy	.	.	7	8	15	15	16	31	6	3	9	1	1	2	6	1	1	—	—							
Poland	.	.	—	2	2	6	16	22	2	—	2	2	1	1	1	2	2	—	—							
Portugal	.	.	1	2	3	4	8	12	1	2	3	—	—	—	4	1	1	—	—							
Russia	.	.	3	7	10	4	7	11	1	4	5	—	—	—	1	—	—	—	—							
Scotland	.	.	1	3	4	—	3	3	—	2	2	—	—	—	—	—	—	—	—							
Sweden	.	.	2	1	3	1	1	3	1	1	2	—	—	—	—	—	1	1	—							
West Indies ²	.	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
All other countries ³	.	.	3	6	9	17	8	25	2	2	4	1	—	1	—	—	—	—	—							
Unknown	.	.	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—							
Total	.	.	37	61	98	89	101	190	19	29	48	4	4	8	12	14	26	4	4	8	6	1	7	—	—	—

¹Includes Newfoundland.
²Except Cuba, Porto Rico and Virgin Islands.
³Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first court admissions are added to the group "All other countries".

TABLE 171. — *Country of Birth of Foreign Born First Court Admissions by Age at Admission and Sex*

COUNTRY OF BIRTH	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Austria	7	4	11	—	—	—	—	—	—	—	—	—	3	2	5	1	2	3	1	—	1	2	—	2	—	—	—	—		
Canada ¹	134	169	303	4	4	8	7	7	14	12	18	30	17	20	37	14	40	54	42	30	72	27	35	62	9	13	22	2	2	
England	51	34	85	—	—	—	1	1	2	2	1	3	4	5	6	3	2	11	14	7	21	17	10	27	4	6	10	—	4	
Finland	6	7	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
France	6	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Germany	25	8	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Greece	12	4	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ireland	114	131	245	—	—	—	1	3	4	6	10	16	14	30	37	23	33	56	36	33	69	27	32	59	7	10	17	—	—	
Italy	92	55	147	1	1	2	4	4	8	20	12	32	22	15	37	18	11	29	14	4	18	11	5	16	2	3	5	—	—	
Poland	42	33	75	—	—	—	—	—	—	—	—	—	15	18	33	10	4	14	6	2	8	1	1	2	2	2	—	—	—	
Portugal	29	20	49	—	—	—	—	—	—	—	—	—	10	5	15	6	3	9	1	2	3	—	—	—	—	—	—	—	—	
Russia	34	33	67	—	—	—	—	—	—	—	—	—	12	11	23	5	6	11	5	3	8	6	2	8	—	—	—	—	—	
Scotland	12	18	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sweden	21	13	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
West Indies ²	3	5	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
All other countries ³	54	32	86	—	—	—	5	5	10	9	2	11	20	10	30	10	5	15	4	5	9	4	2	6	1	3	4	1	—	
Unknown	6	5	11	—	1	1	1	1	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	648	574	1,222	6	6	12	26	28	54	82	68	150	130	117	247	117	122	239	143	95	238	110	99	209	31	37	68	3	2	5

¹Includes Newfoundland.²Except Cuba, Porto Rico and the Virgin Islands.³Includes Europe and Asia not specified; also, born at sea.

TABLE 172. — *Country of Origin of Native Born First Court Admissions, 1935, by Mental Disorders and Sex*

COUNTRY OF ORIGIN	TOTAL			WITH SYPHILITIC MENINGO- ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.			TRAUMATIC PSYCHOSES			WITH CEREBRAL ARTERIO- SCLEROSIS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	5	6	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada ¹	113	99	212	15	10	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
England	49	38	87	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Finland	4	7	11	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
France	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	22	18	40	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greece	3	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	199	184	383	14	5	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Italy	49	33	82	7	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poland	23	16	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portugal	15	8	23	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Russia	19	20	39	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotland	15	11	26	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	22	8	30	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
United States ²	552	485	1,037	49	13	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indies ³	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other countries ⁴	26	19	45	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	69	70	139	13	14	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,190	1,032	2,222	113	39	152	6	3	9	3	4	7	3	6	9	128	25	153	5	5	10	5	2	7	215	148	363

¹Includes Newfoundland.²Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 172. — *Country of Origin of Native Born First Court Admissions, 1935, by Mental Disorders and Sex* — Continued

COUNTRY OF ORIGIN	WITH OTHER DISTURBANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			DUE TO NEW GROWTH			WITH ORGANIC CHANGES OF NERVOUS SYSTEM			PSYCHO-NEUROSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	—	—	—	1	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Canada ¹	—	1	1	5	1	6	—	1	2	3	—	4	4	—	—	—	—	—	—	—	—	—	—	—
England	—	—	—	—	2	2	4	6	10	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—
Finland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
France	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	1	2	3	—	—	—	—	2	1	3	2	2	4	1	—	1	—	—	—	—	—	—	—	—
Greece	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	—	1	1	3	6	9	14	14	28	2	11	13	2	2	4	—	—	—	—	—	—	—	—	—
Italy	—	—	—	6	—	6	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Poland	—	—	—	1	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Portugal	—	—	—	1	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Russia	—	—	—	1	—	1	—	1	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Scotland	—	—	—	—	—	—	—	1	1	1	1	2	3	—	—	—	—	—	—	—	—	—	—	—
Sweden	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
United States ²	—	—	—	—	—	—	25	46	71	9	24	33	6	7	13	3	—	3	—	—	—	—	—	—
West Indies ³	5	6	11	17	8	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other countries ⁴	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	1	—	1	1	—	1	—	18	18	2	2	4	3	—	3	—	—	—	—	—	—	—	—	—
Total	7	10	17	36	18	54	46	89	135	18	51	69	15	15	30	4	—	4	—	—	—	—	—	—

¹Includes Newfoundland.²Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 172. — *Country of Origin of Native Born First Court Admissions, 1935, by Mental Disorders and Sex — Concluded*

COUNTRY OF ORIGIN	MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			PARANOIA AND PARANOID CONDITIONS			WITH PSYCHOPATHIC PERSONALITY			WITH MENTAL DEFICIENCY			UNDIAGNOSED PSYCHOSES			WITHOUT PSYCHOSES			PRIMARY BEHAVIOR DISORDERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	—	—	—	2	1	3	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—
Canada ¹	11	14	25	35	34	69	—	—	—	—	—	—	5	5	10	1	1	1	—	—	—	—	—	—
England	11	6	17	13	7	20	—	—	—	—	—	—	1	3	4	3	1	3	—	—	—	—	—	—
Finland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—
France	—	1	1	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Germany	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greece	1	3	4	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	2	—	2	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Italy	13	24	37	29	55	84	—	—	—	—	—	—	6	6	12	2	1	3	—	—	—	—	—	—
Poland	9	5	14	15	18	33	1	6	7	1	2	—	3	3	6	4	1	5	—	—	—	—	—	—
Portugal	2	1	3	15	10	25	2	1	3	—	—	—	—	—	—	—	—	—	4	2	6	—	—	—
Russia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotland	10	6	16	3	5	8	—	—	—	—	—	—	2	2	4	—	—	—	—	—	—	—	—	—
Sweden	3	1	4	2	5	7	—	—	—	1	—	—	2	2	4	—	—	—	—	—	—	—	—	—
United States ²	3	2	5	9	5	14	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
West Indies ³	45	79	124	142	124	266	4	13	17	13	10	23	17	14	31	4	2	6	1	—	—	—	—	—
All other countries ⁴	1	1	2	—	2	2	—	—	—	—	—	—	2	2	—	—	—	—	16	10	26	1	1	2
Unknown	4	3	7	14	7	21	—	—	—	—	—	—	3	1	4	—	—	—	3	—	3	—	—	—
Unknown	3	—	3	13	10	23	—	—	—	—	—	—	2	—	—	—	—	—	1	—	2	—	—	—
Total	118	153	271	305	295	600	9	25	34	18	17	35	46	41	87	6	11	17	34	15	49	2	1	3

¹Includes Newfoundland.²Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 173. — *Country of Origin of Native Born First Court Admissions by Age at Admission and Sex*

COUNTRY OF ORIGIN	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER			
	M.		F.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.
Austria	5	6	11	2	2	4	2	1	3	3	2	5	24	22	46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Canada	113	99	212	12	3	15	20	20	40	29	31	60	24	22	46	13	14	27	9	6	15	3	2	5	—	—	—	—	—	—	
England	49	38	87	2	3	5	4	7	11	10	6	16	9	3	12	6	7	13	10	3	13	5	6	11	3	1	4	—	—	—	
Finland	4	7	11	1	3	4	2	3	5	1	1	2	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
France	3	2	5	—	—	—	—	—	—	1	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Germany	22	18	40	—	—	—	3	1	4	5	5	10	7	3	10	1	2	6	8	3	1	4	2	2	4	—	—	—	—	—	
Greece	3	4	7	1	3	4	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ireland	199	184	383	5	3	8	28	24	52	29	34	63	35	41	76	31	35	66	39	20	59	24	21	45	7	6	13	1	1	1	
Italy	49	33	82	8	7	15	27	17	44	4	9	13	8	—	8	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	
Poland	23	16	39	5	4	9	10	8	18	7	4	11	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Portugal	15	8	23	3	1	4	8	5	13	1	1	2	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
Russia	19	20	39	8	4	12	6	7	13	1	4	5	3	4	7	3	3	6	2	1	3	—	—	3	—	—	—	—	—	—	
Scotland	15	11	26	—	—	—	1	—	1	2	3	5	3	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sweden	22	8	30	3	1	4	6	4	10	9	2	11	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
United States ²	552	485	1,037	51	40	91	96	89	185	103	80	183	75	87	162	75	53	128	72	48	120	56	55	111	23	27	50	1	6	7	
West Indies ³	2	4	6	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
All other countries ⁴	26	19	45	9	2	11	10	9	19	3	4	7	1	1	2	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	
Unknown	69	70	139	3	1	4	11	4	15	11	7	18	10	11	21	10	6	16	13	9	22	7	14	21	3	15	18	1	3	4	
Total	1,190	1,032	2,222	112	79	191	237	202	439	218	193	411	183	179	362	147	125	272	148	90	238	101	102	203	41	53	94	3	9	12	

¹Includes Newfoundland.²Except Cuba, Porto Rico and the Virgin Islands.³Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 174. — Admission Ages of First Court Admissions to Hospitals for Mental Disease, 1935, by Mental Disorder and Sex

MENTAL DISORDERS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
With syphilitic meningo-encephalitis	187	51	238	—	—	2	3	—	3	3	6	3
With other forms of syphilis	16	6	22	—	—	—	—	—	—	—	1	—
With epidemic encephalitis	4	5	9	2	1	1	—	—	—	—	—	—
With other infectious diseases	8	12	20	—	—	1	—	—	—	—	—	—
Alcoholic psychoses	205	40	245	—	—	—	3	1	6	1	7	2
Due to drugs, etc.	5	7	12	—	—	—	—	—	—	—	—	—
Traumatic psychoses	8	5	13	—	—	1	—	—	—	—	—	—
With cerebral arteriosclerosis	403	292	695	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	14	18	32	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	40	28	68	2	1	3	7	3	8	3	11	4
Senile psychoses	104	166	270	—	—	—	—	—	—	—	—	—
Involuntional psychoses	39	98	137	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	22	29	51	—	—	—	—	—	—	—	—	—
Due to new growth	6	1	7	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	38	17	55	3	1	4	—	—	—	—	—	—
Psychoneuroses	30	59	89	—	—	2	3	5	2	12	14	3
Manic-depressive psychoses.	155	214	369	—	—	16	15	31	9	28	37	6
Dementia praecox	394	396	790	1	2	50	34	84	64	53	117	21
Paranoia and paranoid conditions	28	54	82	—	—	—	2	1	2	1	3	—
With psychopathic personality	22	21	43	—	—	7	5	12	2	4	6	1
With mental deficiency	58	113	171	—	—	12	5	17	7	6	13	2
Undiagnosed psychoses	10	15	25	—	—	2	2	4	7	1	1	—
Without psychoses	40	16	56	6	8	7	4	15	6	2	8	—
Primary behavior disorders	2	1	3	1	—	1	1	—	—	—	—	—
Total	1,838	1,606	3,444	15	6	21	103	79	113	117	230	141
							150	113	263		108	249

TABLE 174. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex — Concluded*

MENTAL DISORDERS																							
65-69 YEARS						70-74 YEARS			75-79 YEARS			80-84 YEARS			85-89 YEARS			90 YEARS AND OVER					
M.		F.		T.		M.		F.		T.		M.		F.		T.		M.		F.		T.	
With syphilitic meningo-encephalitis																							
With other forms of syphilis	1	1	2				1	1	2	1	-	1	-	1	-	1	-	1	-	-	-	-	-
With epidemic encephalitis	3	-	3				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	-	-	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	13	1	14				1	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs, etc.	-	2	2				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	1	1	2				-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	89	56	145				86	58	144	71	59	130	30	30	60	14	14	28	2	3	5	-	-
With other disturbances of circulation	6	1	7				-	1	1	-	-	-	1	1	2	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	-	-	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senile psychoses	22	23	45				17	30	47	27	43	70	22	34	56	3	11	14	4	8	12	-	-
Involuntional psychoses	-	1	1				-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	1	1	2				1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	-	-	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	2	2	4				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses	1	-	1				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses.	4	2	6				2	4	6	-	-	-	1	-	1	-	-	-	-	-	-	-	-
Dementia praecox	3	4	7				-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia and paranoid conditions	2	2	4				-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	1	-	1				-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	-	-	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	-	-	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	-	-	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	-	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	149	97	246	109	99	208	102	102	204	54	65	119	18	25	43	6	11	17					

TABLE 175. -- Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex

MENTAL DISORDERS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	25	3	28								2		7	1	8	7	1	1
With other forms of syphilis	1	1	2												1	1		
With epidemic encephalitis	2	1	3		2				1	1								
With other infectious diseases	1		1												1			
Alcoholic psychoses	57	4	61								3		8		8	13	1	14
Due to drugs, etc.	1		1										1		1	2		
Traumatic psychoses	5		5		1				1	1	1							
With cerebral arteriosclerosis	20	20	40															
With other disturbances of circulation	1	1	2												1	1		
With convulsive disorders (epilepsy)	10	12	22				2	2			4	4	1	3	4	3	2	5
Senile psychoses	5	15	20															1
Involuntional psychoses	8	7	15															3
Due to other metabolic diseases, etc.	2	3	5						1	1						1	1	1
Due to new growth	1		1															
With organic changes of nervous system	3	5	8															
Psychoneuroses	4	8	12				1	1	1	1					1	1	2	3
Manic-depressive psychoses	123	150	273				2	1	11	22	9	13	15	14	29	14	20	34
Dementia praecox	146	134	280				13	8	21	42	28	19	32	19	51	11	28	39
Paranoia and paranoid conditions	3	17	20												1	4	4	1
With psychopathic personality	8	4	12				1			2	2		1	1	3	2	2	5
With mental deficiency	15	19	34				3	1	4	1	2	3	1	3	4	3	2	3
Undiagnosed psychoses	3		3															1
Without psychoses	14	13	27				2	4	6	1	2	3	4	2	6	2	1	3
Primary behavior disorders		1	1								1	1						
Total	458	418	876	1	1	2	32	23	55	41	38	79	46	41	87	59	63	122
													74	45	119	55	46	101

TABLE 175. — Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex — Concluded

MENTAL DISORDERS																					
50-54 YEARS	M. F. T.		55-59 YEARS	M. F. T.		60-64 YEARS	M. F. T.		65-69 YEARS	M. F. T.		70-74 YEARS	M. F. T.		75-79 YEARS	M. F. T.		80-84 YEARS	M. F. T.		85-89 YEARS
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	4	1	5	3	-	3	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
With syphilitic meningo-encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other forms of syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	7	-	7	11	-	11	5	-	5	4	1	5	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	1	1	2	1	1	2	8	6	14	3	2	5	5	5	10	1	2	3	1	3	4
With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	1	-	1	-	-	-	1	1	2	-	1	1	1	1	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	3	1	4	2	1	3	1	1	3	4	1	4	5	1	2	3	1	5	6	1	1
Senile psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses	1	1	1	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	12	22	34	16	20	36	11	13	24	6	4	10	2	3	5	-	1	1	-	1	1
Dementia praecox	9	16	25	1	4	5	2	4	6	2	4	6	1	1	2	-	-	-	-	-	-
Paranoia and paranoid conditions	-	2	2	2	2	4	-	2	2	1	1	1	-	-	-	-	-	-	-	-	-
With psychopathic personality	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	-	-	-	1	1	1	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	1	1	2	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	40	49	89	39	29	68	31	32	63	17	18	35	11	12	23	2	9	11	1	5	6
																			1	1	2

TABLE 176. — *Admission Ages of All Other First Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningoenephritis	32	11	43	-	-	-	1	-	1	2	-	2	4	-	4	6	2	8
With other forms of syphilis	3	3	6	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
With epidemic encephalitis	4	1	5	-	-	1	1	-	1	1	1	1	-	-	-	1	-	1
With other infectious diseases	11	2	13	-	-	-	-	-	-	1	1	2	1	-	1	2	1	2
Alcoholic psychoses	221	37	258	-	-	1	1	2	13	12	1	13	34	4	38	41	9	50
Due to drugs, etc.	13	13	26	-	-	-	-	-	-	1	3	4	3	2	5	4	2	6
Traumatic psychoses	10	2	12	-	-	-	-	2	2	2	-	2	1	1	2	1	-	1
With cerebral arteriosclerosis	81	35	116	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	8	6	14	-	-	-	-	1	1	1	-	1	1	-	1	1	1	2
With convulsive disorders (epilepsy)	30	37	67	4	5	9	4	8	12	3	5	8	6	1	7	3	8	11
Senile psychoses	17	17	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involutional psychoses	9	14	23	-	-	-	-	-	-	-	-	-	-	-	-	1	4	5
Due to other metabolic diseases, etc.	8	20	28	-	-	-	1	1	3	-	-	-	-	4	4	1	3	4
Due to new growth	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
With organic changes of nervous system	9	16	25	-	-	2	2	2	1	-	-	-	1	1	2	-	3	3
Psychoneuroses	73	80	153	-	1	3	6	9	12	9	21	17	12	17	29	8	14	22
Manic-depressive psy.	92	134	226	1	1	16	15	31	14	18	32	7	15	22	6	11	17	19
Dementia praecox	123	149	272	-	-	15	7	22	13	17	30	16	22	38	28	20	48	43
Paranoia and paranoid conditions	8	16	24	-	-	-	-	-	1	-	1	-	-	1	1	1	3	5
With psychopathic personality	25	20	45	2	-	2	4	6	2	3	5	5	2	7	1	2	3	4
With mental deficiency	15	12	27	3	-	3	2	2	4	3	3	3	4	2	4	2	2	4
Undiagnosed psychoses	60	63	123	-	2	2	6	3	9	6	12	18	4	6	10	6	3	9
Without psychoses	464	238	702	48	38	86	51	49	100	47	25	72	32	21	53	47	17	64
Primary behavior disorders	49	27	76	18	3	21	17	14	31	4	1	5	-	1	1	1	1	2
Total	1,366	955	2,321	76	49	125	118	108	226	101	95	196	146	92	238	155	111	266
													187	106	293			
																123	83	206

TABLE 176. — Admission Ages of All Other First Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex — Concluded

MENTAL DISORDERS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	5	3	8	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	2	2	23	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	7	6	13	21	2	23	9	2	11	—	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	—	—	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	2	—	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	6	1	7	7	5	12	19	9	28	17	5	22	6	1	7	2	2	2
With other disturbances of circulation	1	1	2	—	1	1	1	1	1	1	1	1	1	1	1	1	—	—
With convulsive disorders (epilepsy)	2	—	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses	—	—	—	1	3	4	3	2	5	2	1	3	1	2	3	2	1	3
Involutional psychoses	—	—	—	5	3	8	1	2	3	5	3	6	—	—	—	—	—	—
Due to other metabolic diseases, etc.	1	—	1	1	1	2	1	1	2	—	1	1	—	—	—	—	—	—
Due to new growth	1	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	1	—	1	3	3	6	1	1	2	1	—	—	—	—	—	—	—	—
Psychoneuroses	7	4	11	3	4	7	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	10	17	27	8	11	19	2	2	4	3	1	4	—	—	—	—	—	—
Dementia praecox	9	15	24	2	2	4	—	2	2	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	1	5	6	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	5	6	11	—	3	5	2	3	5	2	2	4	—	—	—	—	—	—
Without psychoses	31	10	41	26	11	37	15	3	18	4	9	13	—	3	3	—	—	—
Primary behavior disorders	—	1	1	—	—	—	2	—	2	—	—	1	—	—	—	—	—	—
Total	95	76	171	85	53	138	58	29	87	37	24	61	20	14	34	8	6	14
										20	13	33	5	1	6	2	2	4

TABLE 17S. -- Admission Ages of First Court Admissions to Hospitals, for Mental Diseases, 1935, by Hospital and Sex

HOSPITALS	TOTAL						0-19 YEARS						20-29 YEARS						30-39 YEARS						40-49 YEARS					
	M.			F.			M.			F.			M.			F.			M.			F.			M.			F.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Boston State	250	256	506	13	8	21	18	21	39	23	34	57	24	38	62	23	34	57	24	38	62	23	34	57	24	38	62			
Boston Psychopathic	78	66	144	7	10	17	10	21	31	18	15	33	37	53	90	35	43	78	37	53	90	35	43	78	37	53	90			
Danvers	255	266	521	14	8	22	40	39	79	37	43	80	17	13	30	14	12	26	17	13	30	14	12	26	17	13	30			
Foxborough	114	87	201	13	9	22	19	18	37	14	12	26	6	4	10	6	4	10	3	7	10	3	7	10	6	4	10			
Gardner	29	37	66	2	3	5	4	2	6	6	5	10	9	5	14	5	5	10	9	5	14	5	5	10	9	5	14			
Graton	21	12	33	1	1	2	2	1	3	3	2	5	2	3	5	2	2	4	2	3	5	2	2	4	2	3	5			
Medfield	112	115	227	10	5	15	21	15	36	18	26	44	13	26	39	18	26	44	13	26	39	18	26	44	13	26	39			
Northampton	237	206	443	7	10	17	38	35	73	42	29	71	31	43	77	42	29	71	31	43	77	42	29	71	31	43	77			
Taunton	182	171	353	12	8	20	28	21	49	29	28	57	31	29	60	29	28	57	31	29	60	29	28	57	31	29	60			
Westborough	116	143	259	8	7	15	12	23	35	17	23	40	19	24	43	17	23	40	19	24	43	17	23	40	19	24	43			
Worcester	249	196	445	12	8	20	41	23	64	43	31	74	37	41	78	43	31	74	37	41	78	43	31	74	37	41	78			
Monson	25	12	37	13	5	18	9	3	12	5	10	15	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2			
McLean	29	39	68	3	4	7	9	8	17	5	10	15	7	4	11	5	10	15	7	4	11	5	10	15	7	4	11			
Bridgewater	40	40	80	3	3	6	12	12	24	9	9	18	12	12	24	9	9	18	12	12	24	9	9	18	12	12	24			
Tewksbury	30	30	60	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6			
Veterans' Adm. Fac. No. 107	71	71	142	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Veterans' Adm. Fac. No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total	1,838	1,606	3,444	118	85	203	263	230	493	300	261	561	313	296	609	300	261	561	313	296	609	300	261	561	313	296	609			

HOSPITALS	50-59 YEARS						60-69 YEARS						70-79 YEARS						80-89 YEARS						90 YEARS AND OVER					
	M.			F.			M.			F.			M.			F.			M.			F.			M.			F.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Boston State	44	46	90	59	39	98	56	44	100	12	23	35	1	3	4	12	23	35	1	3	4	12	23	35	1	3	4			
Boston Psychopathic	19	8	27	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Danvers	34	36	70	43	34	77	37	32	69	14	19	33	1	2	3	14	19	33	1	2	3	14	19	33	1	2	3			
Foxborough	15	7	22	19	9	28	14	16	30	2	2	4	1	1	2	2	2	4	1	1	2	2	2	4	1	1	2			
Gardner	4	7	11	3	8	11	6	4	10	1	2	3	1	3	4	1	2	3	1	2	3	1	2	3	1	2	3			
Graton	—	—	—	2	2	4	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
Medfield	16	13	29	17	13	30	10	9	19	7	7	14	1	1	2	7	7	14	1	1	2	7	7	14	1	1	2			
Northampton	30	34	64	46	21	67	30	23	53	8	10	18	2	2	4	8	10	18	2	2	4	8	10	18	2	2	4			
Taunton	29	35	64	28	16	44	16	27	43	8	5	13	1	1	2	8	5	13	1	1	2	8	5	13	1	1	2			
Westborough	17	22	39	20	16	36	15	16	31	8	11	19	1	1	2	8	11	19	1	1	2	8	11	19	1	1	2			
Worcester	42	34	76	42	23	65	22	26	48	10	10	20	—	—	—	10	10	20	—	—	—	10	10	20	—	—	—			
Monson	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
McLean	2	4	6	1	5	6	1	3	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2			
Bridgewater	5	5	10	2	2	4	2	2	4	1	1	2	—	—	—	1	1	2	—	—	—	1	1	2	—	—	—			
Tewksbury	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6	3	3	6			
Veterans' Adm. Fac. No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Veterans' Adm. Fac. No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total	264	247	511	291	185	476	211	201	412	72	90	162	6	11	17	72	90	162	6	11	17	72	90	162	6	11	17			

TABLE 179. — Admission Ages of Court Readmissions to Hospitals for Mental Diseases, 1935, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	54	52	106	-	1	1	15	8	23	12	13	25	10	9	19	9	10	19	6	9	15	2	2	4	-	-	-
Boston Psychopathic	8	8	16	2	1	3	7	8	15	3	3	6	2	2	4	1	1	2	-	-	-	-	-	-	-	-	-
Danvers	62	63	125	2	-	2	7	8	15	15	17	32	19	18	37	12	13	25	6	5	11	1	2	3	-	-	-
Foxborough	10	29	39	-	1	1	3	2	5	2	4	6	2	8	10	2	7	9	-	-	-	1	1	2	-	1	1
Gardner	17	13	30	-	-	-	3	2	5	2	1	3	2	4	6	3	3	3	-	-	-	-	-	-	-	-	-
Granton	10	8	18	1	-	1	1	1	2	1	1	1	3	2	5	3	2	5	1	1	1	-	2	2	-	-	-
Medfield	23	35	58	-	-	-	2	6	8	4	9	13	5	9	14	3	8	11	6	6	6	-	-	-	-	-	-
Northampton	38	47	85	-	-	-	8	4	12	13	9	22	8	9	17	8	13	21	-	-	-	2	-	7	-	1	-
Taunton	45	45	90	-	1	1	9	10	19	9	11	20	6	16	22	12	7	19	3	5	8	4	4	2	6	-	-
Westborough	47	46	93	-	-	-	12	7	19	10	14	14	6	16	22	7	8	15	10	6	16	1	4	5	1	1	2
Worcester	58	50	108	-	-	-	1	5	6	18	7	25	13	20	33	12	3	15	9	9	18	-	-	2	2	-	-
Monson	11	13	24	3	1	4	5	4	9	2	5	5	1	2	3	2	1	3	-	-	-	1	-	-	-	-	-
McLean	10	9	19	-	-	-	2	1	3	2	2	4	1	2	3	2	1	3	3	1	1	-	-	1	-	-	-
Bridgewater	7	-	7	-	-	-	1	-	1	-	-	-	2	-	2	3	-	3	-	-	-	-	-	-	-	-	-
Tewksbury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veterans' Adm. Fac. No. 107	30	-	30	-	-	-	-	-	-	11	-	11	15	-	15	2	-	2	-	2	-	-	-	-	-	-	-
Veterans' Adm. Fac. No. 95	38	-	38	-	-	-	-	-	-	18	-	18	17	-	17	2	-	2	1	-	-	-	-	-	-	-	-
Total	458	418	876	9	7	16	73	61	134	120	86	206	114	109	223	79	78	157	48	50	98	13	21	34	2	6	8

TABLE 180. — *Mental Disorders of First Court Admissions to Hospitals for Mental Diseases, 1935, by Hospital and Sex* — Concluded

MENTAL DISORDERS	WORCESTER			MONSON			McLEAN			BRIDGEWATER			VETS', ADM. No. 107			VETS', ADM. No. 95		
	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.
			%			%			%			%			%			%
With syphilitic meningo-encephalitis	35	13	48	10.8	—	—	1	—	1.5	3	—	7.5	1	—	3.3	16	—	22.6
With other forms of syphilis	3	2	5	1.1	—	—	—	—	—	—	—	—	5	—	16.7	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1.4
With other infectious diseases	—	2	2	.5	—	—	—	—	—	—	—	—	—	—	—	1	—	1.4
Alcoholic psychoses	28	4	32	7.2	—	—	—	—	—	7	7	17.5	6	6	20.0	12	12	16.9
Due to drugs, etc.	2	—	2	.5	—	—	—	1	1.5	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	42	27	69	15.5	—	—	2	2	2.9	1	1	2.5	—	—	—	5	5	7.0
With other disturbances of circulation	3	—	3	.6	—	—	1	1	1.5	1	1	2.5	—	—	—	—	—	—
With convulsive disorders (epilepsy)	—	2	2	.5	8	16	1	1	1.5	2	2	5.0	2	2	6.7	—	—	—
Senile psychoses	15	37	52	11.7	—	—	2	3	7.3	3	3	7.5	1	1	3.3	—	—	—
Involuntional psychoses	13	11	24	5.4	—	—	—	1	1.5	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	7	2	9	2.0	—	—	—	—	—	—	—	—	—	—	—	3	3	4.2
Due to new growth	1	—	1	.2	—	—	1	—	1.5	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	5	2	7	1.6	—	—	1	1	2.9	—	—	—	3	3	10.0	1	1	1.4
Psychoneuroses	8	14	22	4.9	—	—	—	—	—	—	—	—	—	—	—	6	6	8.5
Manic-depressive psychoses	14	14	28	6.3	—	—	12	21	33	48.5	2	2	2	2	6.7	4	4	5.6
Dementia praecox	46	51	97	21.8	—	—	4	5	9	13.3	14	35.0	4	4	13.4	16	16	22.6
Paranoia and paranoid conditions	8	10	18	4.0	—	—	4	2	6	8.8	—	—	—	—	—	—	—	—
With psychopathic personality	6	—	6	1.3	—	—	—	—	—	2	2	5.0	1	1	3.3	1	1	1.4
With mental deficiency	7	2	9	2.0	—	—	—	—	—	3	3	7.5	—	—	—	4	4	5.6
Undiagnosed psychoses	2	—	2	.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	3	2	5	1.1	17	4	3	2	7.3	2	2	5.0	3	3	10.0	1	1	1.4
Primary behavior disorders	1	1	2	.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	249	196	445	100.0	25	12	29	39	100.0	40	—	100.0	30	—	100.0	71	—	100.0

TABLE 181. — *Mental Disorders of Court Readmissions to Hospitals for Mental Diseases, 1935, by Hospital and Sex* — Concluded

MENTAL DISORDERS	WORCESTER			MONSON			McLEAN			BRIDGEWATER			VETS' ADM. FAC. No. 107			VETS' ADM. FAC. No. 95		
	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.	M. F.		T.
			%			%			%			%			%			%
With syphilitic meningo-encephalitis	7	—	7	—	—	—	—	—	—	1	—	1	—	—	—	6	—	6
With other forms of syphilis	—	—	6.5	—	—	—	—	—	—	—	—	14.3	—	—	—	1	—	15.8
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.6
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	12	—	11.1	—	—	—	—	—	—	2	—	28.5	—	—	—	3	—	2.6
Due to drugs, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7.9
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	4	4	7.4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses	1	6	7	4	5	9	—	—	—	—	—	—	—	—	—	—	—	—
Involuntary psychoses	—	—	6.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	13	9	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	15	17	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	2	—	1.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	7	8	15	—	—	—	—	—	—	—	—	—	—	—	—
Total	58	50	108	11	13	24	10	9	19	7	—	7	30	—	30	38	—	100.0

TABLE 182. — *Alcoholic Habits of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ABSTINENT			TEMPERATE			INTERTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	187	51	238	32	32	64	96	13	109	51	4	55	8	2	10
With other forms of syphilis	16	6	22	5	1	6	8	1	9	3	2	5	—	2	2
With epidemic encephalitis	4	5	9	2	4	6	2	—	2	—	1	1	—	—	—
With other infectious diseases	8	12	20	4	9	13	2	1	3	2	2	4	—	—	—
Alcoholic psychoses	205	40	245	—	—	—	—	—	—	205	40	245	—	—	—
Due to drugs, etc.	5	7	12	1	2	3	3	1	4	1	3	4	—	1	1
Traumatic psychoses	8	5	13	2	5	7	5	—	5	—	—	—	1	—	1
With cerebral arteriosclerosis	403	292	695	138	182	320	132	33	165	93	7	100	40	70	110
With other disturbances of circulation	14	14	32	6	13	19	13	3	6	4	—	4	1	2	3
With convulsive disorders (epilepsy)	40	28	68	22	22	44	33	4	17	4	1	5	1	1	2
Senile psychoses	104	166	270	38	116	154	37	21	58	21	4	25	8	25	33
Involutional psychoses	39	98	137	11	82	93	22	12	34	5	1	6	1	3	4
Due to other metabolic diseases, etc.	22	29	51	2	21	23	8	5	13	11	1	12	1	2	3
Due to new growth	6	1	7	3	—	3	2	1	3	—	—	—	1	—	1
With organic changes of nervous system	38	17	55	25	11	36	5	3	8	8	3	11	—	—	—
Psychoneuroses	30	59	89	11	44	55	10	11	21	8	2	10	1	2	3
Manic-depressive psychoses	155	214	369	41	148	189	75	48	123	33	10	43	6	8	14
Dementia praecox	394	396	790	173	300	473	158	65	223	54	18	72	9	13	22
Paranoia and paranoid conditions	28	54	82	7	28	35	13	16	29	6	2	8	2	2	8
With psychopathic personality	22	21	43	7	7	14	5	9	14	8	4	12	2	1	3
With mental deficiency	58	55	113	37	43	80	16	7	23	3	4	7	2	1	3
Undiagnosed psychoses	10	15	25	5	8	13	1	5	6	4	2	6	—	—	—
Without psychoses	40	16	56	23	11	34	4	1	5	12	3	15	1	1	2
Primary behavior disorders	2	1	3	1	1	2	—	—	—	1	—	1	—	—	—
Total	1,838	1,606	3,444	596	1,090	1,686	620	260	880	537	114	651	85	142	227

TABLE 183. — *Alcoholic Habits of Court Readmissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ABSTINENT			TEMPERATE			INTERTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	25	3	28	6	3	9	13	-	13	6	-	6	-	-	-
With other forms of syphilis	1	1	2	-	-	-	1	-	1	-	1	1	-	-	-
With epidemic encephalitis	2	1	3	2	1	3	1	-	-	-	-	-	-	-	-
With other infectious diseases	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-
Alcoholic psychoses	57	4	61	-	-	-	-	-	-	57	4	61	-	-	-
Due to drugs, etc.	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-
Traumatic psychoses	5	-	5	1	-	-	4	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	20	20	40	4	14	18	6	3	9	9	2	11	1	1	2
With other disturbances of circulation	1	1	2	-	1	1	1	-	1	-	-	-	-	-	-
With convulsive disorders (epilepsy)	10	12	22	5	9	14	3	1	4	1	1	2	1	1	2
Senile psychoses	5	15	20	-	12	12	3	-	3	2	1	3	-	2	2
With convulsive disorders (epilepsy)	8	7	15	5	6	11	3	1	4	1	-	-	-	-	-
Involuntary psychoses	2	3	5	1	1	2	-	-	-	1	1	2	-	-	-
Due to other metabolic diseases, etc.	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
Due to new growth	3	5	8	1	4	5	1	-	1	1	1	2	-	-	-
With organic changes of nervous system	4	8	12	2	4	6	1	3	4	1	1	2	-	-	-
Psychoneuroses	123	150	273	55	115	170	45	28	73	23	5	28	-	2	2
Manic-depressive psychoses	146	134	280	67	114	181	53	14	67	25	5	30	1	1	2
Dementia praecox	3	17	20	1	11	12	2	4	6	-	3	1	1	2	2
Paranoia and paranoid conditions	8	4	12	3	6	9	2	-	2	3	1	4	-	-	-
With psychopathic personality	15	19	34	5	15	20	5	3	8	5	1	6	-	-	-
With mental deficiency	3	-	3	2	2	4	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	14	13	27	8	11	19	2	2	4	4	-	4	1	-	1
Without psychoses	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	458	418	876	168	324	492	147	61	208	139	24	163	4	9	13

TABLE 184. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

RACE	TOTAL			WITH SYPHILITIC MENINGO- ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.			TRAUMATIC PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	45	42	87	8	3	11	1	-	1	-	1	1	1	-	1	9	1	10	-	-	-	1	-	1
African (part black)	9	4	13	2	-	2	-	-	-	-	-	-	1	1	-	2	-	2	-	-	-	-	-	-
Armenian	8	5	13	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuban	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	288	283	571	22	8	30	2	1	3	-	1	1	2	1	3	15	3	18	-	3	3	3	1	4
Finnish	8	18	26	1	-	1	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
French	137	113	250	19	9	28	1	-	1	1	1	1	1	2	3	15	2	17	-	-	-	-	1	1
German	42	23	65	6	1	7	-	-	-	-	-	-	-	-	-	2	-	2	1	1	1	-	-	-
Greek	16	10	26	6	6	12	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	53	61	114	5	2	7	1	-	1	-	-	-	2	2	4	1	-	1	1	1	1	2	1	3
Irish	384	384	768	30	9	39	3	-	3	1	1	3	4	1	1	74	16	90	1	1	1	1	2	1
Italian ¹	140	89	229	22	-	22	1	-	1	1	2	3	1	1	2	7	1	8	1	1	1	1	1	1
Lithuanian	27	16	43	-	1	1	-	-	-	-	-	-	-	-	-	5	2	7	-	-	-	-	-	-
Magyar	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	44	27	71	9	1	10	1	-	1	1	-	1	-	-	-	7	-	7	-	-	-	-	-	-
Rumanian	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	47	21	68	3	1	4	-	1	1	-	-	-	-	-	-	5	-	5	-	-	-	-	-	-
Scotch	27	25	52	-	1	1	-	-	-	-	-	-	-	-	-	1	-	1	1	1	1	1	1	1
Slavonic ³	82	64	146	5	-	5	-	-	-	-	-	-	-	-	-	20	5	25	-	-	-	-	-	-
Spanish	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Syrian	7	5	12	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Turkish	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Welsh	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian ⁴	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Other specific races	5	3	8	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Race unknown	46	73	119	4	2	6	-	1	1	-	1	1	-	1	1	3	1	4	-	1	1	-	-	-
Mixed	412	336	748	40	13	53	5	3	8	-	-	-	1	2	3	36	8	44	2	1	3	1	1	2
Total	1,838	1,606	3,444	187	51	238	16	6	22	4	5	9	8	12	20	205	40	245	5	7	12	8	5	13

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, and Slovenians.⁴Except Cuba.

TABLE 184. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex* — Continued

RACE	WITH CEREBRAL ARTERIO-SCLEROSIS		WITH OTHER DISTURBANCES OF CIRCULATION		WITH CONVULSIVE DISORDERS (EPILEPSY)		SENILE PSYCHOSES		INVOLUTIONAL PSYCHOSES		DUE TO OTHER METABOLIC DISEASES, ETC.		DUE TO NEW GROWTH		WITH ORGANIC CHANGES OF NERVOUS SYSTEM		PSYCHO-NEUROSES	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
African (black)	11	11	22				2	5	7								1	1
African (part black)																		
Armenian	1		1					1	1								1	2
Chinese																		
Cuban	1		1															
Dutch and Flemish																		
English	97	64	161		6	8	27	35	62	6	17	23			6	4	10	4
Finnish				2	4	6												
French	29	16	45	1	3	4	10	9	19		1	1			3	2	5	1
German	13	7	20	1	1	2	4	1	5	1	4	5			1	1	1	2
Greek										1		1					1	1
Hebrew																		
Irish	10	9	19		2	4	3	3	6	1	1	1			12	2	4	1
Italian ¹	91	93	184	2	4	6	29	44	73	10	20	30			2	2	12	18
Lithuanian	23	8	31	1	2	3	2	6	8	2	5	7			4	2	6	1
Lithuanian	2	1	3				2		2	2	1	1					1	1
Magyar																		
Portuguese	4		4		2	2		4	4	2	4	6						
Rumanian																		
Scandinavian ²	12	2	14	1			2	2	4	3	3	6			1	1	2	1
Scotch	14	4	18															
Slavonic ³	3	2	5	1	1	4	4	6	10	2	5	7			1	1	3	5
Spanish																		
Syrian																		
Turkish		1	1														1	1
Welsh																		
West Indian ⁴																	1	1
Other specific races		1	1															
Race unknown	15	27	42				3	16	19	1	2	3			1		1	2
Mixed	76	46	122	3	2	5	11	34	50	8	14	22			9	6	15	23
Total	403	292	695	14	18	32	40	166	270	39	98	137	22	29	38	17	55	89

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 184. — *Race of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex — Concluded*

RACE	MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAEcox			PARANOIA AND PARANOID CONDITIONS			WITH PSYCHOPATHIC PERSONALITY			WITH MENTAL DEFICIENCY			UNDIAGNOSED PSYCHOSES			WITHOUT PSYCHOSES			PRIMARY BEHAVIOR DISORDERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	2	4	6	8	10	18	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
African (part black)	1	1	2	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	—	2	2	2	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	1	—	1	2	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Cuban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	20	38	58	53	63	116	3	5	8	2	4	6	7	7	14	1	—	—	—	—	—	—	—	—
Finnish	—	2	2	3	5	8	2	2	—	1	1	—	—	2	2	2	—	—	—	—	—	5	4	9
French	10	10	20	26	27	53	2	3	5	3	1	4	3	6	9	—	—	—	—	—	—	5	1	6
German	2	3	5	9	3	12	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Greek	—	1	3	6	7	13	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Hebrew	16	16	32	10	12	22	1	3	4	—	2	2	1	1	—	—	—	—	—	—	—	—	—	—
Irish	32	44	76	58	90	148	3	12	15	1	2	3	8	8	16	3	4	7	6	2	8	—	—	—
Italian ¹	14	13	27	33	34	67	8	4	12	1	1	2	7	5	12	1	1	2	3	2	5	—	—	—
Lithuanian	2	3	5	7	6	13	—	1	1	—	—	—	4	—	4	—	1	1	1	—	—	—	—	—
Magyar	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	1	3	4	10	11	21	1	2	3	1	—	1	3	1	4	1	1	—	1	—	—	—	—	—
Rumanian	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	6	2	8	10	8	18	1	1	2	1	—	—	2	1	3	—	—	—	2	—	—	—	—	—
Scottish	1	2	3	6	6	12	—	3	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ³	2	6	8	27	27	54	3	1	4	1	—	1	5	6	11	1	1	2	2	—	—	2	1	—
Spanish	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	1	1	4	2	6	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	2	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	1	1	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	4	4	8	6	6	12	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	3	2	5
Mixed	39	58	97	104	74	178	3	15	18	12	8	20	14	15	29	3	4	7	10	3	13	1	1	2
Total	155	214	369	394	396	790	28	54	82	22	21	43	58	55	113	40	15	25	40	16	56	2	1	3

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 185. — *Race of All Court Readmissions to Hospitals for Mental Diseases, 1935, by Sex*

RACE	TOTAL		
	M.	F.	T.
African (black)	8	4	12
African (part black)	—	2	2
Armenian	2	—	2
Dutch and Flemish	1	—	1
English	65	84	149
Finnish	4	4	8
French	29	32	61
German	7	7	14
Greek	1	3	4
Hebrew	25	26	51
Irish	123	99	222
Italian ¹	25	14	39
Lithuanian	2	6	8
Magyar	1	—	1
Portuguese	8	6	14
Scandinavian ²	12	12	24
Scotch	8	8	16
Slavonic ³	21	13	34
Spanish	—	1	1
Syrian	—	2	2
Turkish	1	—	1
Other specific races	1	—	1
Race unknown	2	4	6
Mixed	112	91	203
Total	458	418	876

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croations, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.TABLE 186. — *Race of All Other First Admissions and All Other Readmissions not Followed by Court Commitment to Hospitals for Mental Diseases, 1935, by Sex*

RACE	ALL OTHER FIRST ADMISSIONS			ALL OTHER READMISSIONS		
	M.	F.	T.	M.	F.	T.
African (black)	26	29	55	9	18	27
African (part black)	2	1	3	—	—	—
American Indian	2	1	3	—	—	—
Armenian	6	6	12	2	1	3
Chinese	4	—	4	1	—	1
Dutch and Flemish	2	2	4	—	—	—
East Indian	—	—	—	1	—	1
English	207	165	372	57	51	108
Finnish	3	8	11	2	4	6
French	81	50	131	20	17	37
German	24	19	43	9	5	14
Greek	15	6	21	2	—	2
Hebrew	49	55	104	44	31	75
Irish	328	209	537	136	91	227
Italian ¹	111	66	177	39	14	53
Lithuanian	23	12	35	8	4	12
Magyar	1	1	2	—	1	1
Portuguese	20	19	39	2	3	5
Scandinavian ²	31	10	41	12	3	15
Scotch	32	27	59	6	6	12
Slavonic ³	40	20	60	14	3	17
Spanish	2	1	3	—	—	—
Spanish American	2	—	2	—	—	—
Syrian	5	—	5	1	1	2
Turkish	1	—	1	1	—	1
Welsh	2	—	2	—	1	1
Other specific races	3	6	9	1	—	1
Race unknown	53	41	94	6	8	14
Mixed	291	201	492	110	75	185
Total	1,366	955	2,321	483	337	820

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croations, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.

TABLE 187. — *Citizenship of All First and Readmissions Admitted to Hospitals for Mental Diseases, 1935, by Form of Admission and Sex*

Admissions	Total			Citizens by Birth			Citizens by Naturalization			Aliens			Citizenship Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Court Admissions	1,838	1,606	3,444	1,190	1,032	2,222	249	163	412	295	256	551	104	155	259
Court Readmissions	458	418	876	330	277	607	55	62	117	56	63	119	17	16	33
All Other First Admissions	1,366	955	2,321	983	682	1,665	185	87	272	150	131	281	48	55	103
All Other Readmissions	483	337	820	339	241	580	82	41	123	52	41	93	10	14	24
Transfers	279	379	658	195	273	468	35	27	62	44	66	110	5	13	18
Total	4,424	3,695	8,119	3,037	2,505	5,542	606	380	986	597	557	1,154	184	253	437

TABLE 188. — *Marital Condition of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
With syphilitic m-mingo-encephalitis	187	51	238	47	8	55	114	30	144	13	6	19	9	4	13	4	3	7	-
With other forms of syphilis	16	6	22	3	-	3	11	2	13	1	3	4	1	-	1	-	-	-	-
With epidemic encephalitis	4	5	9	3	4	7	1	-	1	-	1	1	-	-	-	-	-	-	-
With other infectious diseases	8	12	20	2	6	8	4	4	8	2	2	4	-	-	-	-	-	-	-
Alcoholic psychoses	205	40	245	75	7	82	86	19	105	22	9	31	12	2	14	9	3	12	1
Due to drugs, etc.	5	7	12	1	1	2	3	4	7	-	1	1	2	1	3	-	-	-	-
Traumatic psychoses	8	5	13	2	3	5	6	1	7	-	1	1	-	-	-	-	-	-	-
With cerebral arteriosclerosis	403	292	695	88	69	157	181	80	261	114	136	250	10	4	14	7	3	10	3
With other disturbances of circulation	14	18	32	4	-	4	4	14	18	5	4	9	1	-	1	-	-	-	-
With convulsive disorders (epilepsy)	40	28	68	31	13	44	8	11	19	-	3	3	1	-	1	-	-	-	-
Senile psychoses	104	166	270	16	37	53	36	31	67	46	94	140	1	3	4	4	-	1	1
Involutional psychoses	39	98	137	9	19	28	25	65	90	4	11	15	-	2	2	1	1	2	-
Due to other metabolic diseases, etc.	22	29	51	9	7	16	10	14	24	1	5	6	-	3	3	2	-	-	-
Due to new growth	6	1	7	1	-	1	5	-	5	-	1	1	-	-	-	-	-	-	-
With organic changes of nervous system	38	17	55	20	3	23	16	11	27	1	3	4	-	-	-	1	-	1	-
Psychoneuroses	30	59	89	11	22	33	14	29	43	2	5	7	3	3	6	-	-	-	-
Manic-depressive psychoses	155	214	369	75	76	151	63	121	184	7	12	19	7	3	10	1	2	3	2
Dementia praecox	394	396	790	299	199	498	81	163	244	2	15	17	6	10	16	5	9	14	1
Paranoia and paranoid conditions	28	54	82	14	11	25	11	27	38	3	13	16	-	2	2	1	1	1	-
With psychopathic personality	22	21	43	15	9	24	6	9	15	-	-	-	-	2	2	1	1	2	-
With mental deficiency	58	55	113	52	38	90	3	14	17	3	2	5	-	-	-	-	1	1	-
Undiagnosed psychoses	10	15	25	6	9	15	3	4	7	1	2	3	-	-	-	-	-	-	-
Without psychoses	40	16	56	26	13	39	11	3	14	-	-	-	3	-	-	-	-	-	-
Primary behavior disorders	2	1	3	1	1	2	1	-	1	-	-	-	-	-	-	-	-	-	-
Total	1,838	1,606	3,444	809	555	1,364	703	656	1,359	227	329	556	55	40	95	36	25	61	8
																			1
																			9

TABLE 189. — *Marital Condition of Court Readmissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	25	3	28	6	1	7	16	2	18	2	—	—
With other forms of syphilis	1	1	2	—	—	—	1	—	1	—	—	—
With epidemic encephalitis	2	1	3	2	—	2	—	—	—	—	—	—
With other infectious diseases	1	—	1	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	57	4	61	24	1	25	22	3	25	2	—	—
Due to drugs, etc.	1	—	1	—	—	—	1	—	1	—	—	—
Traumatic psychoses	5	—	5	3	—	3	1	—	1	—	—	—
With cerebral arteriosclerosis	20	20	40	4	3	7	10	6	16	1	—	—
With other disturbances of circulation	1	1	2	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	10	12	22	8	6	14	2	4	6	—	—	—
Senile psychoses	5	15	20	1	5	6	1	3	4	—	—	—
Involutional psychoses	8	7	15	—	3	3	6	3	9	—	—	—
Due to other metabolic diseases, etc.	2	3	5	2	—	2	—	—	—	—	—	—
Due to new growth	1	—	1	—	—	—	1	—	1	—	—	—
With organic changes of nervous system	3	5	8	1	2	3	1	—	—	—	—	—
Psychoneuroses	4	8	12	3	4	7	1	—	—	—	—	—
Manic-depressive psychoses	123	150	273	47	41	88	64	78	142	6	5	11
Dementia praecox	146	134	280	104	64	168	32	56	88	3	3	6
Paranoia and paranoid conditions	3	17	20	2	2	4	3	10	13	—	—	—
With psychopathic personality	8	4	12	3	3	6	3	1	4	1	—	—
With mental deficiency	15	19	34	12	11	23	3	8	11	—	—	—
Undiagnosed psychoses	3	—	3	1	—	1	2	—	2	—	—	—
Without psychoses	14	13	27	9	9	18	4	3	7	1	—	—
Primary behavior disorders	—	1	1	—	1	1	—	—	—	—	—	—
Total	458	418	876	230	156	386	175	186	361	17	11	28
							36	59	90	5	6	11

TABLE 192. — *Admission Ages of First Court Admissions to Hospitals for Mental Diseases, 1935, by Marital Condition and Sex*

AGE GROUPS		TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN		
		M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.		F.	T.
		118	85	203	117	81	198	1	4	5						
	Under 19 years				237	145	382	129	153	282						
	20-29 years	263	230	493	145	81	226	157	172	329						
	30-39 years	300	261	561	145	79	194	147	132	279						
	40-49 years	313	296	609	145	55	129	137	71	208						
	50-59 years	264	247	511	74	36	101	87	42	129						
	60-69 years	291	185	476	65	36	101	87	42	129						
	70-79 years	211	201	412	41	51	92	21	7	28						
	80-89 years	72	90	162	15	26	41	1		1						
	90 years and over	6	11	17		1	1									
	Total	1,838	1,606	3,444	809	555	1,364	703	656	1,359	227	329	556	36	25	61
											55	40	95	8	1	9

TABLE 193. — *Admissions Ages of Court Readmissions to Hospitals for Mental Diseases, 1935, by Marital Condition and Sex*

AGE GROUPS			TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED			
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 19 years																
20-29 years																
30-39 years																
40-49 years																
50-59 years																
60-69 years																
70-79 years																
80-89 years																
Total																

TABLE 196. — *Degree of Education of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			ILLITERATE			READS ONLY			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	187	51	238	12	2	14	2	—	2	13	3	16	122	36	158	24	6	30	2	—	2	12	4	16
With other forms of syphilis	16	6	22	1	—	1	—	—	—	—	—	—	7	5	12	4	—	4	3	—	3	1	1	2
With epidemic encephalitis	4	5	9	—	—	—	—	—	—	2	—	2	2	4	6	—	1	1	—	—	—	—	—	—
With other infectious diseases	8	12	20	—	—	—	—	—	—	—	—	—	7	8	15	1	1	2	—	1	1	—	2	2
Alcoholic psychoses	205	40	245	13	2	15	1	1	2	22	3	25	132	25	157	22	5	27	4	—	4	11	4	15
Due to drugs, etc.	5	7	12	—	—	—	—	—	—	—	—	—	3	2	5	2	3	5	—	2	2	—	—	—
Traumatic psychoses	8	5	13	—	1	1	—	—	—	—	—	—	6	4	10	2	—	2	—	—	—	—	—	—
With cerebral arteriosclerosis	403	292	695	28	24	52	4	—	4	43	17	60	231	148	379	36	23	59	9	6	15	52	74	126
With other disturbances of circulation	14	18	32	2	3	5	—	—	—	—	1	1	7	11	18	1	2	3	1	—	1	3	1	4
With convulsive disorders (epilepsy)	40	28	68	4	2	6	—	1	1	2	3	5	26	17	43	5	4	9	1	—	1	2	1	3
Senile psychoses	104	166	270	8	17	25	4	2	6	13	10	23	53	76	129	5	14	19	2	6	8	19	41	60
Involutional psychoses	39	98	137	3	7	10	1	—	1	3	4	7	21	66	87	5	17	22	2	3	5	4	1	5
Due to other metabolic diseases, etc.	22	29	51	2	—	2	—	—	—	2	3	5	15	17	32	—	5	5	1	—	1	2	4	6
Due to new growth	6	1	7	—	—	—	—	—	—	—	—	—	4	1	5	2	—	2	—	—	—	—	—	—
With organic changes of nervous system	38	17	55	5	3	8	—	—	—	1	1	2	23	9	32	8	4	12	—	—	—	1	—	1
Psychoneuroses	30	59	89	1	—	1	—	—	—	1	2	3	12	24	36	13	28	41	1	3	4	2	2	4
Manic-depressive psychoses	135	214	369	1	8	9	—	—	—	8	2	10	75	97	172	50	86	136	16	14	30	5	7	12
Dementia praecox	394	396	790	9	17	26	2	—	2	21	25	46	220	189	409	114	133	247	18	24	42	10	8	18
Paranoia and paranoid conditions	28	54	82	6	3	9	1	—	1	3	3	6	12	29	41	2	8	10	4	2	6	—	9	9
With psychopathic personality	22	21	43	1	—	1	—	—	—	1	—	—	12	14	26	7	7	14	—	—	—	1	—	1
With mental deficiency	58	55	113	16	13	29	3	1	4	10	10	20	27	29	56	—	1	1	—	—	—	2	1	3
Undiagnosed psychoses	10	15	25	4	2	6	—	—	—	2	—	2	1	6	7	2	4	6	1	1	2	—	2	2
Without psychoses	40	16	56	8	2	10	1	—	1	3	—	3	17	8	25	6	5	11	3	—	3	2	1	3
Primary behavior disorders	2	1	3	—	—	—	—	—	—	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—
Total	1,838	1,606	3,444	124	106	230	19	5	24	150	87	237	1,037	826	1,863	311	357	668	68	62	130	129	163	292

TABLE 198. — Degree of Education of All Other First Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex

MENTAL DISORDERS	TOTAL			ILLITERATE			READS ONLY		READS AND WRITES		COMMON SCHOOL			HIGH SCHOOL			COLLEGE		UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	32	11	43	2	—	2	1	—	1	2	—	2	23	8	31	3	2	5	—	—	—
With other forms of syphilis	3	3	6	—	—	—	—	—	—	—	—	—	2	2	4	—	1	1	1	1	2
With epidemic encephalitis	4	1	5	—	—	—	—	—	—	—	—	—	3	—	3	—	1	1	—	—	—
With other infectious diseases	11	2	13	1	—	1	—	—	—	—	—	—	4	2	6	3	3	3	1	—	1
Alcoholic psychoses	221	37	258	4	1	5	—	—	—	9	1	10	155	28	183	38	5	43	11	12	4
Due to drugs, etc.	13	13	26	—	—	—	—	—	—	1	—	1	—	3	8	11	6	3	9	3	1
Traumatic psychoses	10	2	12	1	—	1	—	—	—	—	—	—	9	2	11	—	—	—	—	—	—
With cerebral arteriosclerosis	81	35	116	5	1	6	—	1	1	10	2	12	43	21	64	3	3	6	3	—	3
With other disturbances of circulation	8	6	14	—	—	—	—	—	—	—	2	4	3	2	5	2	2	2	2	1	2
With convulsive disorders (epilepsy)	30	37	67	—	1	1	—	—	—	4	—	4	17	24	41	6	8	14	2	3	5
Senile psychoses	17	17	34	2	—	2	1	—	1	—	1	1	10	8	18	2	3	5	—	—	—
Involutional psychoses	9	14	23	—	1	1	—	—	—	1	—	1	7	9	16	1	3	4	—	—	—
Due to other metabolic diseases, etc.	8	20	28	—	—	—	—	—	—	—	1	1	5	9	14	1	5	6	—	1	1
Due to new growth	1	2	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
With organic changes of nervous system	9	16	25	2	—	2	—	1	1	2	3	5	4	9	13	1	2	3	—	1	1
Psychoneuroses	73	80	153	3	—	3	—	—	—	2	1	3	41	43	84	19	30	49	7	4	11
Manic-depressive psychoses	92	134	226	1	3	4	—	—	—	4	2	6	38	63	101	36	57	93	10	7	17
Dementia praecox	123	149	272	2	1	3	1	2	3	3	6	9	72	65	137	33	61	94	11	15	26
Paranoia and paranoid conditions	8	16	24	—	—	—	—	—	—	1	1	2	4	9	13	—	4	4	3	—	3
With psychopathic personality	25	20	45	—	—	—	—	—	—	1	—	1	16	5	21	6	14	20	2	1	3
With mental deficiency	15	12	27	3	1	4	—	—	—	3	—	3	9	11	20	—	—	—	—	—	—
Undiagnosed psychoses	60	63	123	1	3	4	4	3	7	4	3	7	34	34	68	17	19	36	2	3	5
Without psychoses	464	238	702	41	35	76	6	1	7	30	7	37	254	136	390	79	37	116	32	9	41
Primary behavior disorders	49	27	76	1	1	2	—	—	—	3	1	4	29	18	47	14	6	20	2	—	2
Total	1,366	955	2,321	69	48	117	9	5	14	81	31	112	785	517	1,302	271	264	535	91	46	137
																			60	44	104

TABLE 199. — Degree of Education of All Other Readmissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex

MENTAL DISORDERS	TOTAL			ILLITERATE			READS ONLY		READS AND WRITES		COMMON SCHOOL		HIGH SCHOOL		COLLEGE		UNKNOWN	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	14	1	15	1	—	1	—	—	2	—	7	1	8	4	—	—	—	—
With syphilitic meningo-encephalitis	4	1	5	1	1	—	—	—	—	—	1	1	2	1	—	—	—	—
With other forms of syphilis	2	1	3	—	—	—	—	—	—	—	2	1	3	—	—	—	—	—
With epidemic encephalitis	1	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
With other infectious diseases	72	15	87	1	—	1	—	1	6	1	45	9	54	13	4	5	2	2
Alcoholic psychoses	2	3	5	—	—	—	—	—	1	—	1	—	1	3	3	1	—	—
Due to drugs, etc.	3	—	3	—	—	—	—	—	—	—	3	—	3	—	—	—	—	—
Traumatic psychoses	6	3	9	—	—	1	—	—	2	—	3	1	4	—	—	—	—	—
With cerebral arteriosclerosis	1	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
With other disturbances of circulation	22	9	31	4	—	4	—	1	1	1	12	5	17	1	2	3	1	4
With convulsive disorders (epilepsy)	1	2	3	—	—	—	—	—	1	—	1	—	1	2	2	—	—	—
Senile psychoses	2	1	3	—	—	—	—	—	—	—	2	1	3	—	—	—	—	—
Involutional psychoses	—	2	2	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Due to other metabolic diseases, etc.	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	20	15	35	—	—	—	—	—	—	—	2	3	5	—	—	—	—	—
Psychoneuroses	52	78	130	—	—	—	—	—	—	—	9	8	17	9	6	15	1	1
Manic-depressive psychoses	60	48	108	1	—	—	—	—	1	1	21	46	67	24	23	47	5	8
Dementia praecox	3	10	13	1	1	1	—	—	2	—	29	27	56	25	13	38	3	6
Paranoia and paranoid conditions	9	16	25	—	—	—	—	—	—	—	1	6	7	—	—	2	3	5
With psychopathic personality	7	6	13	—	—	—	—	—	2	—	4	12	16	3	3	6	1	1
With mental deficiency	21	17	38	—	—	—	—	—	4	—	3	5	8	—	—	—	—	—
Undiagnosed psychoses	171	98	269	9	10	19	—	—	2	1	15	10	25	2	4	6	1	2
Without psychoses	6	7	13	1	—	1	—	—	7	6	96	59	155	34	20	54	19	1
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	1	5	6	3	2	5	—	—
Total	483	337	820	18	13	31	4	3	7	30	9	39	260	201	461	119	85	204
													42	22	64	10	4	14

TABLE 200. — *Economic Status of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS															
TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN			
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
187	51	238	46	11	57	127	35	162	4	1	5	10	4	14	
16	6	22	10	2	12	6	3	9	—	—	—	—	1	1	
4	5	9	2	4	6	2	1	3	—	—	—	—	—	—	
8	12	20	—	1	1	8	9	17	—	—	—	—	2	2	
205	40	245	37	7	44	150	29	179	9	1	10	9	3	12	
5	7	12	1	—	1	4	4	8	—	2	—	—	1	1	
8	5	13	2	3	5	6	2	8	—	—	—	—	—	—	
403	292	695	144	78	222	214	151	365	19	17	36	26	46	72	
14	18	32	6	5	11	7	9	16	1	—	1	—	4	4	
40	28	68	18	14	32	21	13	34	—	1	1	—	—	1	
104	166	270	49	68	117	44	69	113	7	8	15	4	21	25	
39	98	137	5	13	18	28	70	98	3	11	14	3	4	7	
22	29	51	3	7	10	17	19	36	2	1	3	—	2	2	
6	1	7	3	—	3	1	1	2	—	2	—	—	—	—	
38	17	55	15	4	19	21	12	33	1	1	2	1	—	1	
30	59	89	3	14	17	25	39	64	1	5	6	1	1	2	
155	214	369	24	25	49	108	158	266	20	28	48	3	3	6	
394	396	790	105	88	193	273	287	560	10	15	25	6	6	12	
28	54	82	6	8	14	17	37	54	5	5	10	—	4	4	
22	21	43	6	5	11	15	16	31	1	1	2	—	—	—	
58	55	113	23	34	57	32	19	51	1	1	2	2	1	3	
10	15	25	3	4	7	7	11	18	—	—	—	—	—	—	
40	16	56	11	4	15	26	8	34	3	3	6	—	1	1	
2	1	3	2	1	3	—	—	—	—	—	—	—	—	—	
1,838	1,606	3,444	524	400	924	1,159	1,002	2,161	89	100	189	66	101	170	

TABLE 202. — *Economic Status of All Other First Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

	Total			Dependent			Marginal			Comfortable			Unknown		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
MENTAL DISORDERS															
With syphilitic meningo-encephalitis	32	11	43	8	3	11	24	8	32	—	—	—	—	—	—
With other forms of syphilis	3	3	6	—	—	—	2	2	4	—	—	—	—	1	—
With epidemic encephalitis	4	1	5	1	—	—	3	1	4	—	—	—	—	—	—
With other infectious diseases	11	2	13	3	1	4	8	1	9	—	—	—	—	—	—
Alcoholic psychoses	221	37	258	38	6	44	178	29	207	4	1	5	1	1	2
Due to drugs, etc.	13	13	26	1	5	6	11	8	19	1	—	—	—	—	—
Traumatic psychoses	10	2	12	5	—	5	11	2	7	—	—	—	—	—	—
With cerebral arteriosclerosis	81	35	116	29	8	37	41	22	63	6	—	—	5	5	10
With other disturbances of circulation	8	6	14	2	1	3	6	4	10	—	—	—	—	—	—
With convulsive disorders (epilepsy)	30	37	67	10	12	22	19	24	43	1	1	2	—	—	—
Senile psychoses	17	17	34	5	4	9	9	7	16	2	3	5	1	3	4
Involuntary psychoses	9	14	23	2	2	4	7	11	18	—	1	1	—	—	—
Due to other metabolic diseases, etc.	8	20	28	1	1	2	6	15	21	—	2	2	1	2	3
Due to new growth	1	2	3	—	—	—	1	1	2	—	—	—	—	1	—
With organic changes of nervous system	9	16	25	—	5	5	9	10	19	—	—	—	—	—	—
Psychoneuroses	73	80	153	16	17	33	53	51	107	4	7	11	—	2	2
Manic-depressive psychoses	92	134	226	17	23	40	65	95	160	8	14	22	2	2	4
Dementia praecox	123	149	272	28	24	52	93	119	212	1	5	6	1	1	2
Paranoia and paranoid conditions	8	16	24	—	2	2	5	12	17	3	2	5	—	—	—
With psychopathic personality	25	20	45	5	4	9	19	12	31	1	4	5	—	—	—
With mental deficiency	15	12	27	5	7	12	10	5	15	—	—	—	—	—	—
Undiagnosed psychoses	60	63	123	15	8	23	44	53	97	—	—	—	—	1	2
Without psychoses	404	238	702	127	67	194	308	158	466	23	6	29	6	6	13
Primary behavior disorders	49	27	76	18	5	23	31	22	53	—	—	—	—	—	—
Total	1,366	955	2,321	336	205	541	957	675	1,632	54	49	103	19	26	45

TABLE 204. — *Population of Place of Residence of First Court Admissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL		0-2,499		2,500-9,999		10,000-24,999		25,000-49,999		50,000-99,999		100,000-249,999		500,000+		UNKNOWN	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis . . .	187	51	238	3	2	5	23	5	28	20	5	25	13	2	15	45	15	60
With other forms of syphilis . . .	16	6	22	—	—	—	3	—	3	2	—	2	3	3	6	5	2	7
With epidemic encephalitis . . .	4	5	9	—	—	—	—	—	—	1	1	2	2	1	3	—	1	1
With other infectious diseases . . .	8	12	20	—	—	—	—	1	1	2	3	1	2	1	3	—	—	—
Alcoholic psychoses . . .	205	40	245	3	1	4	30	3	33	24	7	31	18	2	20	48	12	60
Due to drugs, etc. . .	5	7	12	1	1	2	2	2	4	—	—	1	1	—	1	1	3	4
Traumatic psychoses . . .	8	5	13	—	—	—	1	—	1	—	2	2	2	2	4	2	2	—
With cerebral arteriosclerosis . . .	403	292	695	18	17	35	68	45	113	45	31	76	26	18	44	77	53	130
With other disturbances of circulation . . .	14	28	32	—	1	1	2	2	4	5	4	9	1	2	3	6	9	—
With convulsive disorders (epilepsy) . . .	40	18	58	—	2	2	9	1	10	8	4	12	1	2	3	9	6	15
Senile psychoses . . .	104	166	270	8	13	21	19	29	48	15	15	30	10	13	23	23	51	77
Involuntary psychoses . . .	39	98	137	2	6	8	5	24	29	6	20	26	2	13	15	17	22	39
Due to other metabolic diseases, etc. . .	22	29	51	—	—	—	9	5	11	4	6	10	1	3	4	3	5	8
Due to new growth . . .	6	1	7	1	—	1	2	1	3	—	—	—	2	—	2	—	—	—
With organic changes of nervous system . . .	38	17	55	—	—	—	9	2	11	2	2	4	4	4	8	6	3	9
Psychoneuroses . . .	30	59	89	1	2	3	4	12	16	2	5	7	4	8	12	6	11	17
Manic-depressive psychoses . . .	155	214	369	8	8	16	20	20	40	14	20	34	18	24	42	12	41	53
Dementia praecox . . .	394	396	790	24	14	38	61	64	125	42	51	93	37	63	100	96	100	196
Paranoia and paranoid conditions . . .	28	54	82	2	2	4	5	3	8	2	1	3	—	3	3	6	9	15
With psychopathic personality . . .	22	21	43	2	1	3	1	—	1	2	4	6	—	1	1	7	3	10
With mental deficiency . . .	58	55	113	5	—	5	12	10	22	3	9	12	4	5	9	10	15	25
Undiagnosed psychoses . . .	10	15	25	—	2	2	1	1	2	—	2	2	—	2	3	2	3	5
Without psychoses . . .	40	16	56	2	2	4	6	2	8	7	3	10	3	2	5	5	8	13
Primary behavior disorders . . .	2	1	3	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—
Total . . .	1,838	1,606	3,444	80	72	152	290	233	523	205	194	399	146	167	313	421	387	808
																84	17	101

TABLE 206. — *Population of Place of Residence of All Other First Admissions to Hospitals for Mental Diseases, 1935,*
by Mental Disorders and Sex

MENTAL DISORDERS	TOTAL			0-2,499			2,500-9,999			10,000-24,999			25,000-49,999			50,000-99,999			100,000-249,999			500,000+			UNKNOWN			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
With syphilitic meningo-encephalitis	32	11	43	-	-	-	1	-	1	4	1	5	4	3	7	3	-	3	4	1	5	13	6	19	3	-	3	
With other forms of syphilis	3	3	6	-	-	-	-	-	-	1	1	2	-	1	1	-	-	-	-	-	1	2	-	2	-	-	-	
With epidemic encephalitis	4	1	5	-	-	-	-	-	-	1	1	2	-	1	2	-	-	-	-	-	-	1	-	1	-	-	1	
With other infectious diseases	11	2	13	-	-	-	-	-	-	4	-	4	1	1	2	-	-	-	-	-	-	6	1	7	-	-	-	
Alcoholic psychoses	221	37	258	3	1	4	16	1	17	30	5	35	29	4	33	20	3	23	34	8	42	84	15	99	5	-	5	
Due to drugs, etc.	13	13	26	1	1	2	1	-	1	2	1	3	1	1	2	-	2	2	2	-	2	2	6	12	2	-	2	
Traumatic psychoses	10	2	12	-	-	1	1	-	1	1	1	1	3	-	3	1	-	1	2	-	2	2	2	4	-	-	-	
With cerebral arteriosclerosis	81	35	116	-	1	1	4	3	7	16	4	20	13	6	19	7	-	7	17	10	27	24	11	35	-	-	-	
With other disturbances of circulation	8	6	14	1	-	1	-	2	2	4	-	4	-	1	1	-	-	-	1	3	4	2	-	2	-	-	-	
With convulsive disorders (epilepsy)	30	37	67	-	1	1	3	7	10	5	4	9	6	4	10	3	5	8	5	7	12	4	9	13	4	-	4	
Senile psychoses	17	17	34	1	-	1	2	3	5	2	3	5	3	3	6	-	-	-	3	4	7	4	4	8	2	-	2	
Involuntal psychoses	9	14	23	-	-	-	1	1	1	1	2	3	2	2	4	-	4	4	1	2	3	5	3	8	-	-	-	
Due to other metabolic diseases, etc.	8	20	28	-	1	1	-	2	2	1	4	5	-	3	3	-	-	-	3	3	6	4	6	10	-	1	1	
Due to new growth	1	2	3	-	-	-	-	-	-	-	1	1	-	1	1	-	-	-	-	1	1	-	-	-	1	1	1	
With organic changes of nervous system.	9	16	25	-	-	-	-	1	1	2	1	3	3	2	5	-	2	2	3	2	5	1	6	7	-	2	2	
Psychoneuroses	73	80	153	1	2	3	6	11	17	9	18	27	6	13	19	6	2	8	17	12	29	21	22	43	7	-	7	
Manic-depressive psychoses	92	134	226	2	3	5	9	6	15	11	15	26	13	18	31	8	19	27	14	16	30	28	53	81	7	4	11	
Dementia praecox	123	149	272	3	1	4	5	8	13	13	16	29	15	15	30	13	16	29	16	20	36	52	71	123	6	2	8	
Paranoia and paranoid conditions	8	16	24	-	-	-	-	2	2	1	4	5	1	1	2	-	2	2	2	3	5	4	7	1	1	2	2	
With psychopathic personality	25	20	45	3	1	4	2	1	3	-	1	1	1	1	2	-	2	2	2	4	8	11	8	19	4	2	6	
With mental deficiency	15	12	27	-	-	-	-	3	1	4	5	7	9	14	23	-	7	8	15	3	9	12	30	23	53	3	1	4
Undiagnosed psychoses	60	63	123	-	-	-	-	-	-	5	7	12	9	14	23	7	8	15	3	9	12	30	23	53	3	1	4	
Without psychoses	464	238	702	22	6	28	48	29	77	65	23	88	61	22	83	35	14	49	85	42	127	127	99	226	21	3	24	
Primary behavior disorders	49	27	76	-	2	2	1	1	2	8	2	10	2	3	5	1	1	2	8	4	12	27	13	40	2	1	3	
Total	1,366	955	2,321	37	20	57	102	79	181	192	116	308	174	118	292	104	81	185	228	157	385	460	367	827	69	17	86	

TABLE 207. — *Population of Place of Residence of All Other Readmissions to Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL		0-2,499		2,500-9,999		10,000-24,999		25,000-49,999		50,000-99,999		100,000-249,999		500,000+		UNKNOWN	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	14	1	15	-	-	-	1	-	1	2	-	2	3	-	3	3	1	1
With other forms of syphilis	4	1	5	-	-	-	1	-	1	1	-	1	-	1	2	1	1	-
With epidemic encephalitis	2	1	3	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
With other infectious diseases	1	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Alcoholic psychoses	72	15	87	1	1	2	9	9	8	1	1	10	11	12	18	10	9	9
Due to drugs, etc.	2	3	5	-	-	-	1	-	1	1	1	2	-	-	-	-	-	-
Traumatic psychoses	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	6	3	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	22	9	31	2	-	2	1	4	5	1	6	4	2	2	6	4	1	1
Senile psychoses	1	2	3	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-
Involuntal psychoses	2	1	3	1	-	1	-	-	-	-	-	-	-	-	1	1	-	-
Due to other metabolic diseases, etc.	2	1	3	1	-	1	-	-	-	-	-	-	-	-	1	1	-	-
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	2	4	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses	20	15	35	-	-	-	-	-	-	-	-	-	-	-	2	1	3	-
Manic-depressive psychoses	52	78	130	1	1	2	5	6	11	2	1	3	6	1	7	6	4	10
Dementia praecox	60	48	108	1	1	2	5	7	8	10	18	7	11	18	24	38	62	1
Paranoia and paranoid conditions	3	10	13	-	-	-	1	5	6	3	4	7	7	8	15	34	23	57
With psychopathic personality	9	16	25	-	-	-	2	2	2	1	1	1	-	1	2	2	4	6
With mental deficiency	7	6	13	-	-	-	1	1	2	3	1	1	2	4	3	7	10	1
Undiagnosed psychoses	21	17	38	-	-	-	1	1	1	3	1	4	1	1	2	2	2	4
Without psychoses	171	98	269	7	3	10	13	10	23	22	8	30	42	10	52	43	48	91
Primary behavior disorders	6	7	13	1	1	1	1	1	1	-	-	-	-	-	4	6	10	-
Total	483	337	820	13	5	18	31	26	57	57	34	91	86	46	132	167	159	326
							50	30	80		26	70				35	11	46

TABLE 208. — *Number of Times Admitted and Mental Disorders of ALL Admissions by Court Commitment to Hospitals for Mental Diseases, 1935, by Sex*

MENTAL DISORDERS	TOTAL			ONE			TWO			THREE			FOUR			FIVE			SIX AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	212	54	266	187	51	238	19	1	20	3	1	4	1	—	1	1	—	—	1	1	2
With other forms of syphilis	17	7	24	16	6	22	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	6	6	12	4	5	9	1	1	2	—	—	—	—	—	—	—	—	—	1	—	1
With other infectious diseases	9	12	21	8	12	20	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	262	44	306	205	40	245	27	1	28	16	2	18	7	—	7	1	—	1	6	1	7
Due to drugs, etc.	6	7	13	5	7	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	13	5	18	8	5	13	1	—	1	2	—	2	1	—	1	—	—	—	—	—	—
With cerebral arteriosclerosis	423	312	735	403	292	695	11	13	24	6	2	8	2	3	5	1	—	1	—	2	2
With other disturbances of circulation	15	19	34	14	18	32	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	50	40	90	40	28	68	6	3	9	—	5	5	3	1	4	2	2	2	1	1	2
Senile psychoses	109	181	290	104	166	270	3	12	15	1	2	3	—	—	—	—	—	—	—	—	—
Involuntary psychoses	47	105	152	39	98	137	4	5	9	3	1	2	3	1	2	—	—	—	—	—	—
Due to other metabolic diseases etc.	24	32	56	22	29	51	1	2	3	1	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	7	1	8	6	—	7	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	41	22	63	38	17	55	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	34	67	101	30	59	89	2	2	4	—	—	—	2	2	4	—	—	—	—	—	—
Manic-depressive psychoses	278	364	642	155	214	369	32	34	66	30	35	65	20	34	54	16	22	38	25	25	50
Dementia praecox	540	530	1,070	394	396	790	54	56	110	41	42	83	24	18	42	15	10	25	12	8	20
Paranoia and paranoid conditions	31	71	102	28	54	82	1	2	3	—	8	8	1	3	4	2	2	2	1	2	3
With psychopathic personality	30	25	55	22	21	43	2	2	2	1	1	2	2	2	4	2	1	4	3	1	1
With mental deficiency	73	74	147	58	55	113	9	8	17	1	3	4	3	2	5	—	—	3	2	3	5
Undiagnosed psychoses	13	15	28	10	15	25	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	54	29	83	40	16	56	6	4	10	5	6	11	2	—	—	—	—	—	1	1	3
Primary behavior disorders	2	2	4	2	1	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,296	2,024	4,320	1,838	1,606	3,444	187	149	336	110	111	221	70	69	139	39	42	81	52	47	99

TABLE 209. — *Mental Disorders of All First Admissions, Readmissions and Transfers to Hospitals for Mental Diseases, 1935, by Form of Admission and Sex*

	TOTAL			TOTAL						COURT COMMITMENT					
	ALL GROUPS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
MENTAL DISORDERS															
With syphilitic meningo-encephalitis	302	72	374	219	62	281	39	4	43	187	51	238	25	3	28
With other forms of syphilis	29	13	42	19	9	28	5	2	7	16	6	22	1	1	2
With epidemic encephalitis	12	9	21	8	6	14	4	2	6	4	5	9	2	1	3
With other infectious diseases	22	14	36	19	14	33	2	—	2	8	12	20	1	—	1
Alcoholic psychoses	576	106	682	426	77	503	129	19	148	205	40	245	57	4	61
Due to drugs, etc.	22	23	45	18	20	38	3	3	6	5	7	12	1	—	1
Traumatic psychoses	28	7	35	18	7	25	8	—	8	8	5	13	1	—	5
With cerebral arteriosclerosis	519	358	877	484	327	811	26	23	49	403	292	695	20	20	40
With other disturbances of circulation	24	25	49	22	24	46	2	1	3	14	18	32	1	1	2
With convulsive disorders (epilepsy)	108	87	195	70	65	135	32	21	53	40	28	68	10	12	22
Senile psychoses	130	204	334	121	183	304	6	17	23	104	166	270	5	15	20
Involutional psychoses	65	133	198	48	112	160	11	8	19	39	98	137	8	7	15
Due to other metabolic diseases, etc.	34	55	89	30	49	79	3	4	7	22	29	51	2	3	5
Due to new growth	8	6	14	7	3	10	1	—	2	6	1	5	1	—	1
With organic changes of nervous system	57	46	103	47	33	80	5	9	14	38	17	55	3	5	8
Psychoneuroses	130	168	298	103	139	242	24	23	47	30	59	89	4	8	12
Manic-depressive psychoses	445	630	1,075	247	348	595	175	228	403	155	214	369	123	150	273
Dementia praecox	841	913	1,754	517	545	1,062	206	182	388	394	396	790	146	134	280
Paranoia and paranoid conditions	48	120	168	36	70	106	6	27	33	28	54	82	3	17	20
With psychopathic personality	65	69	134	47	41	88	17	20	37	22	21	43	8	4	12
With mental deficiency	109	135	244	73	67	140	22	25	47	58	55	113	15	19	34
Undiagnosed psychoses	96	97	193	70	78	148	24	17	41	10	15	25	3	—	3
Without psychoses	696	369	1,065	504	254	758	185	111	296	40	16	56	14	13	27
Primary behavior disorders	58	36	94	51	28	79	6	8	14	2	1	3	—	1	1
Total	4,424	3,695	8,119	3,204	2,561	5,765	941	755	1,696	1,838	1,606	3,444	458	418	876

TABLE 210. — *Mental Disorders of All Cases Discharged from Hospitals for Mental Diseases, 1935, by Form of Admission and Sex*

MENTAL DISORDERS	TOTAL			TOTAL						COURT COMMITMENT					
	TOTAL			ALL FIRST ADMISSIONS			ALL READMISSIONS			TRANSFERS			TOTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	150	39	189	71	29	100	37	6	43	42	4	46	69	23	92
With other forms of syphilis	19	9	28	8	4	12	6	2	8	5	3	8	8	2	10
With epidemic encephalitis	11	5	16	6	3	9	4	1	5	1	1	2	5	2	7
With other infectious diseases	12	11	23	7	9	16	4	—	4	1	2	3	3	2	5
Alcoholic psychoses	485	88	573	342	54	396	118	25	143	25	9	34	173	28	201
Due to drugs, etc.	20	24	44	16	19	35	3	5	8	1	—	1	3	3	6
Traumatic psychoses	20	3	23	15	2	17	3	—	3	2	1	3	3	6	9
With cerebral arteriosclerosis	137	86	223	112	69	181	14	10	24	11	7	18	75	57	132
With other disturbances of circulation	7	6	13	6	6	12	1	—	1	—	—	—	5	4	9
With convulsive disorders (epilepsy)	71	38	109	37	30	67	28	6	34	6	2	8	26	14	40
Senile psychoses	30	35	65	25	29	54	4	4	8	1	2	3	17	20	37
Involuntal psychoses	33	72	105	25	56	81	5	7	12	3	9	12	18	44	60
Due to other metabolic diseases, etc.	17	36	53	14	28	42	2	4	6	1	4	5	11	19	30
Due to new growth	3	3	6	3	1	4	—	—	1	—	1	1	2	—	2
With organic changes of nervous system	18	34	52	10	23	33	4	6	10	4	5	9	5	5	14
Psychoneuroses	134	134	268	99	106	205	31	23	54	4	5	9	34	39	73
Manic-depressive psychoses	344	509	853	188	267	455	135	193	328	21	49	70	100	136	236
Dementia praecox	573	611	1,184	292	305	597	175	124	299	106	182	288	279	233	512
Paranoia and paranoid conditions	42	72	114	25	33	58	8	19	27	9	20	29	22	30	52
With psychopathic personality	55	56	111	34	28	62	20	18	38	1	10	11	22	10	32
With mental deficiency	67	84	151	30	27	57	25	14	39	12	43	55	35	22	57
Undiagnosed psychoses	87	92	179	60	65	125	20	20	40	7	7	14	4	4	6
Without psychoses	652	319	971	455	220	675	195	97	292	2	2	4	4	19	63
Primary behavior disorders	56	38	94	49	29	78	7	9	16	—	—	—	1	2	3
Total	3,043	2,404	5,447	1,929	1,442	3,371	849	594	1,443	265	368	633	1,050	850	1,900
													701	580	1,281
													349	270	619

TABLE 210. — *Mental Disorders of All Cases Discharged from Hospitals for Mental Diseases, 1935, by Form of Admission and Sex — Concluded*

MENTAL DISORDERS	TEMPORARY CARE			OBSERVATION			VOLUNTARY			TRANSFERS
	TOTAL	FIRST ADMISSIONS	READ-MISSIONS	TOTAL	FIRST ADMISSIONS	READ-MISSIONS	TOTAL	FIRST ADMISSIONS	READ-MISSIONS	
M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
With syphilitic meningo- encephalitis	28 11 39	19 10 29	9 1 10	3 1 4	2 1 3	1 - 1	8 - 8	5 - 5	3 - 3	42 4 46
With other forms of syphilis	2 4 6	2 2 4	1 2 2	3 3 3	1 - 1	2 - 2	1 - 1	- - -	1 - 1	5 3 8
With epidemic encephalitis	3 2 5	2 1 3	1 1 2	2 2 2	1 - 1	1 - 1	- - -	- - -	- - -	1 1 2
With other infectious diseases	5 2 7	4 2 6	1 - 1	3 3 3	3 - 3	- - -	- - -	- - -	- - -	1 2 3
Alcoholic psychoses	204 31 235	156 20 176	48 11 59	64 20 84	45 15 60	19 5 24	19 - 19	10 - 10	9 - 9	25 9 34
Due to drugs, etc.	11 9 20	9 8 17	2 1 3	2 7 9	2 5 7	2 2 2	3 - 3	2 - 2	1 - 1	1 - 1
Traumatic psychoses	7 - 7	6 - 6	1 - 1	4 2 6	3 2 5	1 - 1	1 - 1	1 - 1	1 - 1	2 1 3
With cerebral arteriosclerosis	38 18 56	35 17 52	3 1 4	12 4 16	10 4 14	2 - 2	1 - 1	1 - 1	- - -	11 7 18
With other disturbances of circulation	1 2 3	2 2 2	1 - 1	1 - 1	1 - 1	- - -	- - -	- - -	- - -	- - -
With convulsive disorders (epilepsy)	22 12 34	8 9 17	14 3 17	5 3 8	2 3 5	3 - 3	12 7 19	8 5 13	4 2 6	6 2 8
Senile psychoses	9 12 21	7 10 17	2 2 4	3 1 4	3 1 4	- - -	- - -	- - -	- - -	1 2 3
Involuntal psychoses	11 12 23	9 11 20	2 1 3	1 1 1	1 - 1	- - -	1 1 2	- - -	1 1 2	3 9 12
Due to other metabolic dis- eases, etc.	2 10 12	2 10 12	- - -	3 3 6	2 2 4	1 1 2	- - -	- - -	- - -	1 4 5
Due to new growth	1 2 3	1 1 2	- - -	- - -	- - -	- - -	- - -	- - -	- - -	1 1 1
With organic changes of nervous system	4 17 21	4 14 18	- 3 3	3 2 5	1 1 2	2 1 3	2 1 3	2 1 3	- - -	4 5 9
Psychoneuroses	52 51 103	42 44 86	10 7 17	16 20 36	11 17 28	5 3 8	28 19 47	21 15 36	7 4 11	4 5 9
Manic-depressive psychoses	101 168 269	65 109 174	36 59 95	30 18 48	19 10 29	11 8 19	9 23 32	4 12 16	5 11 16	21 49 70
Dementia praecox	162 180 342	114 138 252	48 42 90	19 14 33	7 10 17	12 4 16	7 2 9	1 - 1	6 2 8	106 182 288
Paranoia and paranoid con- ditions	7 16 23	4 9 13	3 7 10	2 6 8	2 5 7	- - -	1 1 1	2 - 2	- - -	9 20 29
With psycho-personality disorders	13 27 40	11 15 26	2 12 14	13 9 22	7 6 13	6 3 9	6 - 6	4 - 4	2 - 2	1 10 11
With mental deficiency	8 13 21	5 9 14	4 7 9	6 15 5	4 9 4	4 2 6	3 - 3	3 - 3	- - -	12 43 55
Undiagnosed psychoses	66 78 144	51 60 111	15 18 33	9 5 14	5 4 9	4 1 5	1 - 1	- - -	1 - 1	7 7 14
Without psychoses	255 133 388	187 104 291	68 29 97	263 126 389	186 77 263	77 49 126	88 39 127	55 28 83	33 11 44	2 2 4
Primary behavior disorders	25 23 48	22 19 41	3 4 7	27 12 39	23 9 32	4 3 7	3 1 4	3 - 3	1 - 1	- - -
Total	1,937 833 1,870	765 624 1,389	272 209 481	496 260 756	341 177 518	155 83 238	195 93 288	122 61 183	73 32 105	265 368 633

TABLE 211. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1935, by Age at Discharge and Sex*

MENTAL DISORDERS	TOTAL			0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
With syphilitic meningo-encephalitis	45	18	63	-	-	-	-	-	1	1	-	3	2	5	13	5	18	8	1	9	5	2	7
With other forms of syphilis	5	2	7	1	-	-	-	1	-	-	-	-	-	-	1	1	2	1	2	-	-	-	
With epidemic encephalitis	3	2	5	-	-	-	-	1	1	-	-	1	1	2	-	-	1	1	2	-	-	-	
With other infectious diseases	7	7	14	-	-	-	1	1	1	3	3	1	1	2	-	-	-	-	-	-	-	-	
Alcoholic psychoses	131	19	150	-	-	-	-	1	1	2	5	13	3	16	17	3	20	29	3	32	27	4	31
Due to drugs, etc.	3	6	9	-	-	-	-	-	-	-	1	1	-	-	1	1	2	2	-	-	1	1	
Traumatic psychoses	5	-	5	-	-	-	-	-	-	2	-	-	-	1	-	-	-	-	-	-	-	-	
With cerebral arteriosclerosis	66	48	114	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
With other disturbances of circulation	5	4	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
With convulsive disorders (epilepsy)	19	13	32	1	1	2	3	1	4	1	1	2	3	5	2	2	4	2	1	2	1	3	
Senile psychoses	15	18	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	
Involuntional psychoses	16	44	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	13	
Due to other metabolic diseases, etc.	10	16	26	-	-	-	1	1	-	-	2	2	2	-	2	5	7	1	1	2	1	-	
Due to new growth	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With organic changes of nervous system	3	7	10	-	-	-	1	1	2	2	-	-	-	-	-	-	-	-	-	-	-	-	
Psychoneuroses	25	30	55	-	-	-	-	2	4	6	2	5	3	8	3	5	8	5	4	9	2	2	
Manic-depressive psychoses	100	136	236	1	-	5*	17	16	33	7	14	21	12	18	10	19	20	9	13	22	6	2	
Dementia praecox	170	157	327	1	1	13	45	22	67	25	18	43	30	26	29	21	50	12	23	35	7	30	
Paranoia and paranoid conditions	17	19	36	-	-	-	2	2	4	2	2	-	-	-	1	1	2	2	4	6	7	13	
With psychopathic personality	12	17	19	-	1	2	1	2	3	2	4	1	3	1	4	2	4	2	1	2	3	10	
With mental deficiency	17	14	31	-	-	-	2	2	4	5	4	4	4	-	3	1	2	1	2	1	3	1	
With mental deficiency	17	14	31	-	-	-	2	2	4	5	4	4	4	-	3	1	2	1	2	1	3	1	
Undiagnosed psychoses	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Without psychoses	27	11	38	-	-	-	2	2	4	3	4	2	6	1	3	1	4	2	2	2	2	1	
Primary behavior disorders	1	1	2	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	701	580	1,281	3	2	5	23	23	46	80	55	107	80	61	141	87	66	153	78	60	138	74	65
																						139	

TABLE 211. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1935, by Age at Discharge and Sex* — Concluded

MENTAL DISORDERS																										
50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85-89 YEARS					
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
5	4	9	6	3	9	3	—	3	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—			
—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
15	1	16	9	—	9	9	2	11	5	1	6	—	—	—	1	—	1	—	—	—	—	—	—			
—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1	3	4	6	10	16	16	9	25	7	8	15	16	9	25	13	6	19	5	3	8	1	—	1			
1	2	3	1	1	1	1	1	3	1	1	—	1	1	1	1	1	1	—	—	—	—	—	—			
2	—	2	1	—	1	1	2	1	3	—	—	1	1	1	—	—	—	—	—	—	—	—	—			
5	10	15	2	13	15	3	4	7	3	5	8	5	3	8	2	5	7	3	2	5	1	—	1			
2	2	4	1	2	3	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—			
—	2	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
—	2	2	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
—	2	2	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
9	12	21	10	6	16	8	11	19	2	2	4	1	1	2	—	—	—	—	—	—	—	—	—			
6	14	20	2	4	6	1	1	2	3	—	—	1	1	—	1	—	1	—	—	—	—	—	—			
1	—	1	2	4	5	2	4	6	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—			
—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
3	—	3	1	1	2	1	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—			
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total			53	59	112	43	49	92	46	36	82	26	20	46	24	16	40	17	12	29	9	5	14	2	—	2

TABLE 212. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1935, by Age at Discharge and Sex*

MENTAL DISORDERS	TOTAL			0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
With syphilitic meningo-encephalitis	24	5	29	-	-	-	-	-	-	1	-	1	1	3	-	7	1	8	4	1	5	
With other forms of syphilis	3	-	3	-	-	-	-	-	-	-	-	-	-	1	-	2	-	2	-	-	-	
With epidemic encephalitis	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other infectious diseases	3	-	3	-	-	1	-	-	-	-	-	-	-	-	-	2	-	2	1	-	1	
Alcoholic psychoses	42	9	51	-	-	-	-	-	-	-	-	1	1	2	3	1	8	1	6	1	7	
Due to drugs, etc.	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Traumatic psychoses	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
With cerebral arteriosclerosis	9	9	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	
With other disturbances of circulation	7	1	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With convulsive disorders (epilepsy)	2	2	4	-	-	-	-	1	-	-	-	-	-	-	1	1	2	1	-	-	-	
Senile psychoses	2	5	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Involutional psychoses	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Due to other metabolic diseases, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With organic changes of nervous system	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Psychoneuroses	9	9	18	-	-	-	-	-	-	3	3	-	-	-	-	-	1	1	-	-	-	
Manic-depressive psychoses	83	115	198	-	-	-	-	-	-	8	12	20	7	14	4	1	5	2	4	-	3	
Dementia praecox	109	76	185	-	-	-	-	4	10	14	13	26	12	11	23	10	13	23	16	29	11	
Paranoia and paranoid conditions	5	11	16	-	-	1	-	9	2	11	3	13	12	11	23	10	31	19	12	31	19	
With psychopathic personality	10	3	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	
With mental deficiency	18	8	26	-	-	1	-	1	-	1	3	1	4	2	1	3	2	2	2	2	4	
Undiagnosed psychoses	17	1	18	-	-	-	-	1	-	2	1	2	1	2	3	7	4	11	4	-	-	
Without psychoses	-	25	25	-	-	2	-	2	3	5	1	1	2	2	2	6	1	7	1	1	1	
Primary behavior disorders	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	349	270	619	-	-	5	1	6	18	15	33	28	31	59	58	34	92	62	37	99	43	30

TABLE 212. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1935, by Age at Discharge and Sex — Concluded*

MENTAL DISORDERS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	1	1	4	1	4	1	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	5	3	10	1	3	1	2	2	4	1	—	—	—	—	—	—	—	—
Alcoholic psychoses	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	2	1	—	1	1	2	2	3	4	2	1	3	—	—	—	—	—
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	2	—	2	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—
Senile psychoses	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses	—	2	1	—	1	1	—	1	—	2	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	5	12	17	9	7	4	11	7	2	2	—	—	1	1	—	—	—	—
Dementia praecox	8	16	2	6	4	1	5	1	3	4	—	—	—	—	—	—	1	1
Paranoia and paranoid conditions	—	2	3	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	2	1	3	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	26	32	58	33	22	11	33	15	11	26	2	1	3	—	—	—	1	1

TABLE 213. — *Mental Disorders of ALL FIRST ADMISSIONS Discharged from Mental Hospitals, 1935, by Age at Discharge and Sex*

MENTAL DISORDERS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis . . .	71	29	100	-	-	-	1	1	2	2	-	7	2	9	15	8	23	13
With other forms of syphilis . . .	8	4	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis . . .	6	3	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases . . .	7	9	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses . . .	342	54	396	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs, etc. . .	16	19	35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses . . .	15	12	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis . . .	112	69	181	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation . . .	6	6	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy) . . .	37	30	67	2	1	3	6	2	8	6	2	5	7	12	2	5	7	4
Senile psychoses . . .	25	29	54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involutional psychoses . . .	25	56	81	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc. . .	14	28	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth . . .	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system . . .	10	23	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses . . .	99	106	205	-	-	-	2	1	3	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses . . .	188	267	455	2	1	3	14	10	24	8	15	29	17	21	38	14	18	32
Dementia praecox . . .	292	305	597	-	-	-	31	34	65	14	31	45	17	29	46	15	33	48
Paranoia and paranoid conditions . . .	25	33	58	-	-	-	57	40	97	40	39	79	58	44	102	46	47	93
With psychopathic personality . . .	34	28	62	-	-	-	1	1	2	2	-	2	3	5	6	3	6	9
With mental deficiency . . .	30	27	57	-	-	-	4	5	9	6	3	9	3	3	6	3	2	5
Undiagnosed psychoses . . .	60	65	125	-	-	-	3	4	7	7	4	11	5	4	9	3	7	10
Without psychoses . . .	455	220	675	26	13	39	16	4	20	5	12	17	6	11	17	7	3	4
Primary behavior disorders . . .	49	29	78	19	3	22	49	33	82	34	23	57	53	20	73	76	10	86
Total . . .	1,929	1,442	3,371	55	21	76	205	141	346	155	144	299	220	153	373	259	166	425
				132	128	260	223	164	387	223	164	387	184	145	329			

TABLE 213. — *Mental Disorders of ALL FIRST ADMISSIONS Discharged from Mental Hospitals, 1935,*
by Age at Discharge and Sex — Concluded

MENTAL DISORDERS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	8	7	15	8	4	12	3	-	-	1	-	1	-	-	-	-	-	-
With other forms of syphilis	1	2	3	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	21	8	29	29	2	31	18	4	22	-	-	-	1	1	-	-	-	-
Alcoholic psychoses	-	1	1	3	1	4	1	-	1	-	-	-	-	-	-	-	-	-
Due to drugs, etc.	3	1	4	1	-	-	-	2	2	-	-	-	-	-	-	-	-	-
Traumatic psychoses	-	-	-	1	-	1	-	1	1	-	1	-	-	-	-	-	-	-
With cerebral arteriosclerosis	7	4	11	12	14	26	29	13	42	17	11	28	8	3	11	1	-	1
With other disturbances of circulation	1	3	4	-	1	1	1	1	2	1	1	1	-	-	-	-	-	-
With convulsive disorders (epilepsy)	5	1	6	1	3	4	4	5	10	3	4	7	3	3	6	1	-	2
Senile psychoses	-	-	-	1	1	2	4	4	5	9	3	-	-	-	-	-	-	-
Involuntional psychoses	10	13	23	3	4	16	1	2	2	2	-	1	1	1	-	-	-	-
Due to other metabolic diseases, etc.	3	2	5	1	1	2	1	1	2	2	-	-	-	-	-	-	-	-
Due to new growth	1	2	3	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	1	2	3	3	3	4	1	1	2	1	1	2	1	1	-	-	-	-
Psychoneuroses	8	7	15	3	5	8	1	3	4	1	-	-	-	-	-	-	-	-
Manic-depressive psychoses	20	26	46	16	16	32	11	13	24	3	2	5	2	2	4	-	-	-
Dementia praecox	15	28	43	5	9	14	1	3	4	-	-	-	-	-	-	-	-	-
Paranoia and paranoid conditions	2	9	11	4	5	9	1	2	3	3	-	-	-	-	-	-	-	-
With psychopathic personality	-	3	3	1	1	1	1	-	1	-	1	-	-	-	-	-	-	-
With mental deficiency	1	1	1	-	1	1	1	1	2	3	-	-	-	-	-	-	-	-
Undiagnosed psychoses	4	6	10	2	3	5	3	3	6	3	2	5	3	4	9	-	-	-
Without psychoses	34	9	43	28	11	39	14	2	16	4	8	12	2	4	4	-	-	-
Primary behavior disorders	-	1	1	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-
Total	145	132	277	123	97	220	100	59	159	50	37	87	37	23	60	27	22	49
													12	8	20	2	-	2

TABLE 214. — *Mental Disorders of ALL READMISSIONS Discharged from Mental Hospitals, 1935, by Age at Discharge and Sex* — Concluded

MENTAL DISORDERS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	2	2	4	8	1	9	5	1	6	—	—	—	—	—	—	—	—	—
With other forms of syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	13	7	20	16	1	17	6	1	7	5	—	5	—	—	—	—	—	—
Alcoholic psychoses	—	1	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	2	2	4	2	1	2	3	—	3	4	2	1	3	—	—	—	—	—
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	5	—	5	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—
Senile psychoses	—	2	2	2	1	2	2	1	3	—	—	—	—	—	—	—	—	—
Involitional psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	3	—	3	3	1	2	3	—	2	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	10	17	27	13	21	34	9	6	15	2	3	5	1	1	—	—	—	—
Dementia praecox	10	10	20	3	8	11	6	2	8	1	4	5	—	—	—	—	—	—
Paranoia and paranoid conditions	—	4	4	3	2	5	1	2	2	1	—	—	—	—	—	—	1	1
With psychopathic personality	1	—	1	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	3	1	4	1	3	4	2	—	2	—	—	—	—	—	—	—	—	—
Without psychoses	24	9	33	10	10	20	4	1	5	4	—	4	—	—	—	—	—	—
Primary behavior disorders	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Total	77	56	133	68	53	121	27	14	41	15	11	26	—	1	1	—	1	1

TABLE 215. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1935, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS				
	M.	F.	T.	M. F. T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
With syphilitic meningo-encephalitis	45	18	63	-	-	-	-	-	-	-	1	1	3	-	-	-	4	3	7	11	5	16	9	2	2	6	5	11	
With other forms of syphilis	5	2	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With epidemic encephalitis	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other infectious diseases	7	7	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Alcoholic psychoses	131	19	150	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Due to drugs, etc.	3	6	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Traumatic psychoses	5	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With cerebral arteriosclerosis	66	48	114	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With other disturbances of circulation	5	4	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With convulsive disorders (epilepsy)	19	13	32	1	1	2	3	1	4	2	1	3	2	2	4	1	1	2	4	1	1	2	4	1	1	2	2	2	
Senile psychoses	15	18	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Involuntary psychoses	16	44	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Due to other metabolic diseases, etc.	10	16	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Due to new growth	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With organic changes of nervous system	3	7	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Psychoneuroses	25	30	55	-	-	-	-	-	-	-	2	7	3	6	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	100	136	236	-	-	-	-	-	-	-	3	4	8	13	21	3	5	8	30	13	20	33	7	5	3	8	5	2	2
Dementia praecox	170	157	327	1	1	2	26	24	50	16	14	30	20	20	30	10	20	30	24	25	49	27	8	16	24	17	8	25	
Paranoia and paranoid conditions	17	19	36	-	-	-	-	-	-	43	22	65	44	33	21	54	24	25	33	24	25	33	11	16	27	4	19	23	
With psychopathic personality	12	7	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With mental deficiency	17	14	31	-	-	-	-	-	-	3	1	4	1	3	1	4	1	1	4	1	1	1	2	3	5	8	6	10	
Undiagnosed psychoses	4	1	5	-	-	-	-	-	-	3	2	5	1	3	1	4	1	1	4	1	1	1	1	1	1	1	1	2	
Without psychoses	27	11	38	-	-	-	-	-	-	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	3	4	
Primary behavior disorders	1	1	2	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	701	580	1,281	4	5	9	44	42	86	76	50	126	65	51	116	78	64	142	87	66	153	83	61	144	60	69	129	129	

TABLE 216. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1935, by Age at Admission and Sex*

MENTAL DISORDERS	TOTAL			0-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
With syphilitic meningo-encephalitis	24	5	29	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	1	1	2	8	-	8	4	1	5	
With other forms of syphilis	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	-	2	
With epidemic encephalitis	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	
With other infectious diseases	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	
Alcoholic psychoses	42	9	51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3	8	-	8	5	-	5
Due to drugs, etc.	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
With cerebral arteriosclerosis	9	9	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	7	1	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	1	1	-	-	-
Senile psychoses	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	2	5	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses	9	9	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	83	115	198	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dementia praecox	109	76	185	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia and paranoid conditions	5	11	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	10	3	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	18	8	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	17	8	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	349	270	619	-	-	-	28	27	55	32	25	57	65	40	105	38	35	73	55	34	89	55	40	105	55	34	89	

TABLE 217. — *Mental Disorders of Court First Admissions Discharged from Hospitals for Mental Diseases, 1935, by Condition on Discharge and Sex*

MENTAL DISORDERS	TOTAL			RECOVERED			IMPROVED			UNIMPROVED			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	45	18	63	2	1	3	39	16	55	4	1	5	—	—	—
With other forms of syphilis	5	2	7	—	—	—	5	2	7	—	—	—	—	—	—
With epidemic encephalitis	3	2	5	—	—	—	3	1	4	—	1	1	—	—	—
With other infectious diseases	—	7	7	—	2	2	—	5	5	—	—	—	—	—	—
Alcoholic psychoses	131	19	150	53	7	60	70	12	82	8	—	8	—	—	—
Due to drugs, etc.	3	6	9	2	5	7	1	1	2	—	—	—	—	—	—
Traumatic psychoses	5	—	5	2	—	2	3	—	3	—	—	—	—	—	—
With cerebral arteriosclerosis	66	48	114	6	1	7	45	37	82	15	10	25	—	—	—
With other disturbances of circulation	5	4	9	—	—	—	4	4	8	1	—	—	—	—	—
With convulsive disorders (epilepsy)	19	13	32	2	3	5	10	7	17	7	3	10	—	—	—
Senile psychoses	15	18	33	—	2	2	7	9	16	8	7	15	—	—	—
Involutional psychoses	16	44	60	1	8	9	12	29	41	3	7	10	—	—	—
Due to other metabolic diseases, etc.	10	16	26	—	2	2	7	14	21	3	—	3	—	—	—
Due to new growth	2	—	2	—	—	—	1	—	1	—	—	—	—	—	—
With organic changes of nervous system	3	7	10	—	—	—	3	7	10	1	—	—	—	—	—
Psychoneuroses	25	30	55	2	8	10	20	20	40	3	2	5	—	—	—
Manic-depressive psychoses	100	136	236	41	50	91	55	80	135	4	6	10	—	—	—
Dementia praecox	170	157	327	11	14	25	124	125	249	35	18	53	—	—	—
Paranoia and paranoid conditions	17	19	36	1	1	2	15	16	31	1	2	3	—	—	—
With psychopathic personality	12	7	19	8	1	9	3	5	8	1	1	2	—	—	—
With mental deficiency	17	14	31	5	5	10	9	12	21	3	2	5	—	—	—
Undiagnosed psychoses	4	1	5	2	—	2	1	—	1	1	1	2	—	—	—
Without psychoses	27	11	38	—	—	—	—	—	—	5	3	8	—	—	29
Primary behavior disorders	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—
Total	701	580	1,281	139	106	245	437	403	840	103	64	167	22	7	29

TABLE 218. — *Mental Disorders of Court Readmissions Discharged from Hospitals for Mental Diseases, 1935, by Condition on Discharge and Sex*

	TOTAL			RECOVERED			IMPROVED			UNIMPROVED			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
MENTAL DISORDERS															
With syphilitic meningo-encephalitis	24	5	29	1	—	1	21	5	26	2	—	2	—	—	—
With other forms of syphilis	3	—	3	—	—	—	2	—	2	1	—	1	—	—	—
With epidemic encephalitis	2	—	2	—	—	—	1	—	1	1	—	1	—	—	—
With other infectious diseases	3	—	3	3	—	3	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	42	9	51	9	1	10	26	7	33	7	1	8	—	—	—
Due to drugs, etc.	1	2	3	—	—	—	—	2	2	—	—	—	—	—	—
Traumatic psychoses	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
With cerebral arteriosclerosis	9	9	18	—	—	—	9	9	18	—	—	—	—	—	—
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	7	1	8	—	1	1	4	—	4	3	—	3	—	—	—
Senile psychoses	2	2	4	—	—	—	1	2	3	1	—	1	—	—	—
Involutional psychoses	2	5	7	—	2	2	2	3	5	—	—	—	—	—	—
Due to other metabolic diseases, etc.	1	3	4	—	—	—	1	3	4	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	9	9	18	2	—	2	7	9	16	1	—	1	—	—	—
Manic-depressive psychoses	83	115	198	29	41	70	45	65	110	9	9	18	—	—	—
Dementia praecox	109	76	185	1	6	7	75	59	134	33	11	44	—	—	—
Paranoia and paranoid conditions	5	11	16	1	1	2	4	7	11	1	3	4	—	—	—
With psychopathic personality	10	3	13	1	—	1	8	2	10	1	1	2	—	—	—
With mental deficiency	18	8	26	2	—	2	12	6	18	4	2	6	—	—	—
Undiagnosed psychoses	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
Without psychoses	17	8	25	—	—	—	—	—	—	—	—	—	17	8	25
Primary behavior disorders	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
Total	349	270	619	48	54	102	220	181	401	64	27	91	17	8	25

TABLE 219. — Age at Discharge of Court First Admissions Discharged from Hospitals for Mental Diseases, 1935, by Hospital and Sex

HOSPITALS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Boston State	77	74	151	1	1	2	9	7	16	6	8	14	7	14	7	8	15	6	7	13	
Boston Psychopathic	28	16	44	1	2	3	3	4	7	1	2	3	5	7	4	—	4	2	3	5	
Danvers	99	69	168	1	1	2	13	4	17	8	5	13	11	7	12	12	24	10	7	17	
Foxborough	37	41	78	—	—	—	6	10	16	3	3	6	6	3	9	4	7	4	3	7	
Gardner	21	14	35	—	—	—	1	1	2	2	2	2	1	1	2	1	3	5	2	7	
Grafton	8	4	12	—	—	—	1	—	1	1	1	1	2	1	1	1	1	1	1	2	
Medfield	25	25	50	—	—	—	1	4	5	1	3	4	4	7	4	1	5	2	2	4	
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Northampton	90	87	177	—	—	—	14	5	19	11	5	16	12	13	6	11	17	7	9	16	
Taunton	47	56	103	—	—	—	3	2	5	9	5	3	8	5	7	7	5	8	13	13	
Westborough	57	64	121	—	—	—	7	8	15	6	6	12	7	6	13	5	6	11	5	11	
Worcester	117	97	214	—	—	—	9	2	11	7	12	19	14	11	22	14	10	24	14	10	
Monson	11	5	16	1	1	2	1	4	8	1	1	2	1	1	—	1	—	1	3	4	
McLean	21	27	48	—	—	—	4	4	8	1	1	2	5	2	4	2	2	2	2	2	
Bridgewater	23	—	23	—	—	—	2	—	—	4	—	—	—	—	—	—	—	—	—	—	
Tewksbury	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Veterans' Adm. Facility No. 107	16	—	16	—	—	—	—	—	—	—	—	—	—	—	—	6	—	1	—	1	
Veterans' Adm. Facility No. 95	24	—	24	—	—	—	1	—	1	—	—	—	—	—	—	7	7	9	—	9	
Total	701	580	1,281	3	2	5	80	55	135	56	51	107	80	61	141	78	60	138	74	65	139

HOSPITALS

HOSPITALS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
Boston State	7	6	13	5	2	7	2	5	7	5	4	9	4	—	4	—	—	—	—	—
Boston Psychopathic	2	2	4	1	1	2	1	8	19	—	—	—	—	—	—	—	—	—	—	—
Danvers	10	7	17	5	3	8	2	2	4	6	1	8	1	—	1	—	—	1	—	—
Foxborough	3	5	8	2	2	3	2	5	11	—	—	—	—	—	—	—	—	—	—	—
Gardner	2	1	3	3	1	4	1	3	4	1	2	2	1	1	1	1	1	—	—	—
Grafton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medfield	2	2	4	1	1	2	1	1	1	1	1	2	1	1	2	3	—	1	—	1
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	6	12	18	5	14	19	3	3	6	4	—	2	2	2	4	—	—	—	—	—
Taunton	3	7	10	4	5	9	5	8	5	1	1	2	3	3	—	—	—	—	—	—
Westborough	5	4	9	3	9	12	4	7	4	1	5	2	2	3	—	—	—	—	—	—
Worcester	7	12	19	12	8	20	5	14	9	5	10	5	—	—	—	—	—	—	—	—
Monson	—	—	—	1	1	2	1	3	1	—	—	—	—	—	—	—	—	—	—	—
McLean	—	1	1	1	2	3	—	4	4	2	1	3	1	—	1	—	—	—	—	—
Bridgewater	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 107	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	53	59	112	43	49	92	46	36	82	26	20	46	24	16	40	9	5	14	2	—

TABLE 220. — Age at Discharge of Court Readmissions Discharged from Hospitals for Mental Diseases, 1935, by Hospital and Sex — Concluded

HOSPITALS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	3	5	8	6	7	13	2	3	5	2	1	3	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-
Boston Psychopathic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Danvers	4	5	9	3	5	8	4	2	6	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Foxborough	2	1	3	2	-	2	1	1	1	-	1	1	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-
Gardner	2	2	4	4	1	5	1	-	1	1	1	2	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Grafton	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medfield	-	-	-	-	2	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Metropolitan	-	2	2	-	1	1	1	-	1	-	1	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-
Northampton	5	5	10	2	2	4	3	2	5	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Taunton	2	4	6	2	1	3	4	-	4	1	1	2	1	1	2	-	-	-	-	1	1	-	-	-	1	1	-
Westborough	2	5	7	1	3	4	1	-	1	5	2	7	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-
Worcester	3	3	6	9	4	13	2	3	5	2	2	4	3	2	5	1	1	-	-	-	-	-	-	-	-	-	-
Monson	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
McLean	-	-	-	1	1	-	2	1	3	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bridgewater	1	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tewksbury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veterans' Adm. Facility No. 107	1	-	1	1	-	1	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veterans' Adm. Facility No. 95	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	26	32	58	33	26	59	22	11	33	15	11	26	10	9	19	2	1	3	-	1	1	-	-	-	1	1	-

TABLE 221. — Length of Hospital Stay during THIS Admission of Court First Admissions Discharged, 1935, by Age at Admission and Sex

AGE AT ADMISSION	TOTAL			UNDER 1 MO.		1 MONTH		2 MONTHS		3 MONTHS		4 MONTHS		5 MONTHS		6 MONTHS		7 MONTHS		8 MONTHS							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
0-14 years	4	5	9	-	2	4	1	1	1	1	4	9	1	3	6	1	3	6	1	1	1						
15-19 years	44	42	86	-	4	4	5	3	8	7	12	19	3	8	5	5	4	9	3	3	6						
20-24 years	76	50	126	4	-	4	4	2	6	6	7	12	19	10	6	6	4	10	4	4	7						
25-29 years	65	51	116	3	5	8	6	-	6	5	6	11	8	13	6	5	1	6	3	1	4						
30-34 years	78	64	142	8	3	11	4	6	10	15	5	20	8	7	15	4	5	9	2	2	2						
35-39 years	87	66	153	5	2	7	5	8	13	16	2	18	9	6	15	1	6	7	4	1	1						
40-44 years	83	61	144	6	3	9	4	2	6	16	2	28	11	3	14	4	9	13	2	4	6						
45-49 years	60	69	129	2	5	7	6	1	7	6	10	16	6	1	7	6	4	10	4	5	2						
50-54 years	50	51	101	5	1	6	5	3	8	9	5	14	3	9	12	1	2	3	5	2	3						
55-59 years	44	44	88	5	3	8	6	3	9	5	8	13	3	9	12	3	6	2	1	4	6						
60-64 years	42	33	75	9	2	11	5	6	11	4	7	8	3	2	5	1	2	3	1	1	2						
65-69 years	23	14	37	1	2	3	2	2	4	3	6	7	3	4	1	-	1	1	3	1	4						
70-74 years	20	19	39	6	6	12	5	-	5	3	4	7	2	1	3	-	2	2	-	1	1						
75-79 years	15	10	25	1	3	4	4	-	4	2	1	1	2	1	1	2	2	2	-	-	-						
80-84 years	9	1	10	1	1	1	1	-	1	1	3	1	2	1	1	1	1	1	-	-	-						
85-89 years	1	-	1	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-						
Total	701	580	1,281	57	37	94	62	37	99	99	67	166	72	58	130	39	44	83	31	32	63	27	19	46	24	20	41

AGE AT ADMISSION	9 MONTHS		10 MONTHS		11 MONTHS		1 YEAR		2 YEARS		3 YEARS		4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS		20 YEARS AND OVER					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
0-14 years	1	-	1	2	2	4	7	8	15	3	6	9	-	-	-	-	1	1	-	-	-	-	-	-		
15-19 years	1	2	3	1	-	1	9	7	16	1	4	5	2	2	4	6	1	1	-	-	-	-	-	-		
20-24 years	6	2	8	1	1	2	10	6	16	2	3	9	1	1	2	2	4	6	-	-	-	-	-	-		
25-29 years	1	3	4	1	2	3	13	10	23	6	3	9	1	1	2	2	4	6	-	-	-	-	-	-		
30-34 years	1	4	5	1	2	3	13	10	23	6	3	9	1	1	2	2	4	6	-	-	-	-	-	-		
35-39 years	3	3	6	2	1	3	14	5	10	14	2	3	5	2	3	3	6	5	-	-	-	-	-	-		
40-44 years	3	1	4	1	4	5	11	10	21	3	2	5	2	2	3	5	1	-	-	-	-	-	-	-		
45-49 years	3	2	5	3	3	6	2	2	7	16	2	4	6	1	3	4	2	3	-	-	-	-	-	-		
50-54 years	1	2	3	1	1	2	4	9	11	2	2	4	6	1	2	2	4	2	-	-	-	-	-	-		
55-59 years	1	3	4	1	2	3	7	4	13	1	1	2	4	1	1	2	2	1	-	-	-	-	-	-		
60-64 years	3	1	4	1	2	3	4	9	13	1	1	2	4	1	1	2	2	1	-	-	-	-	-	-		
65-69 years	1	-	1	1	-	1	5	2	7	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
70-74 years	-	-	-	-	-	-	2	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
75-79 years	-	-	-	-	-	-	2	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
80-84 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
85-89 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total	24	21	45	14	18	32	95	81	176	25	27	52	15	13	28	12	8	20	3	2	5	2	2	2	1	1

TABLE 224. — *Mental Disorders of First Court Admissions who Died in Hospitals for Mental Diseases, 1935, by Age at Death and Sex*

MENTAL DISORDERS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	84	30	114	-	-	-	2	-	2	-	4	2	6	1	7	10	10	20
With other forms of syphilis	7	4	11	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3
With epidemic encephalitis	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	3	3	6	-	-	-	1	1	-	-	-	-	-	1	2	1	-	-
Alcoholic psychoses	54	9	63	-	-	-	-	-	1	-	-	-	-	2	1	5	1	6
Due to drugs, etc.	-	1	1	-	-	-	-	-	-	-	-	-	-	-	3	2	5	-
Traumatic psychoses	3	-	3	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	292	241	533	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	8	10	18	-	-	-	-	-	-	-	1	-	1	-	1	1	1	2
With convulsive disorders (epilepsy)	9	19	28	-	-	-	1	1	1	3	4	1	2	3	1	2	2	4
Senile psychoses	63	143	206	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	15	22	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	14	23	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	5	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	16	15	31	-	1	1	-	-	-	-	-	1	1	2	3	2	2	5
Psychoneuroses	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	33	23	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dementia praecox	68	73	141	-	-	-	2	1	2	3	2	3	5	2	3	3	1	4
Paranoia and paranoid conditions	3	11	14	-	-	-	1	4	5	8	4	12	3	5	8	10	6	16
With psychopathic personality	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	13	10	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses	-	1	1	-	-	-	1	1	2	-	-	3	-	3	-	1	1	2
Without psychoses	23	7	30	-	-	-	5	1	6	1	2	3	2	5	-	2	1	1
Primary behavior disorders	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	720	647	1,367	2	2	4	12	8	20	12	12	19	13	32	27	28	55	63

TABLE 225. — *Mental Disorders of Court Readmissions who Died in Hospitals for Mental Diseases, 1935, by Age at Death and Sex*

MENTAL DISORDERS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	29	2	31	-	-	-	-	-	-	-	4	4	4	-	4	5	1	6
With other forms of syphilis	1	1	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	22	9	31	-	-	-	-	-	-	-	-	-	-	-	1	1	1	2
Due to drugs, etc.	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	16	24	40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	9	7	16	-	-	-	1	1	-	-	-	-	2	-	2	-	-	-
Senile psychoses	4	14	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	-	3	3	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-
Due to other metabolic diseases, etc.	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	2	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	25	45	70	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Dementia praecox	80	123	203	-	-	-	-	-	1	1	1	1	1	1	2	2	6	7
Paranoia and paranoid conditions	-	8	8	-	-	-	-	-	3	3	3	2	5	14	2	8	10	15
With psychopathic personality	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	14	16	30	-	-	-	1	1	2	1	3	-	1	1	1	1	2	2
Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	7	1	8	-	-	-	-	-	1	-	1	1	-	-	-	1	2	2
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	217	258	475	-	-	-	2	-	2	7	3	10	9	5	14	25	12	37
													22	5	27	16	20	36

TABLE 226. — *Mental Disorders of ALL FIRST ADMISSIONS who Died in Mental Hospitals, 1935, by Age at Death and Sex* — Concluded

MENTAL DISORDERS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis . . .	19	5	24	12	3	15	9	1	10	6	2	8	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-
With other forms of syphilis . . .	-	1	1	1	1	2	2	-	2	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases . . .	6	2	8	10	1	11	11	1	12	13	1	14	1	-	1	-	2	-	1	1	2	-	-	-	-	-	-
Alcoholic psychoses . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to drugs, etc. . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses . . .	-	-	-	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis . . .	5	2	7	13	14	27	39	27	66	60	42	102	66	58	124	74	46	120	41	45	86	21	17	38	6	4	10
With other disturbances of circulation . . .	2	1	3	1	1	2	1	4	5	4	2	1	5	1	1	2	2	-	1	1	1	1	1	-	-	-	-
With convulsive disorders (epilepsy) . . .	-	2	2	-	2	2	3	2	5	2	2	4	1	1	1	1	1	-	1	1	1	1	1	-	-	-	-
Senile psychoses . . .	-	1	1	-	2	2	1	1	2	7	16	23	14	28	42	16	37	53	20	36	56	11	20	31	2	11	13
Involuntary psychoses . . .	4	7	11	3	7	10	5	3	8	2	3	5	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc. . .	1	2	3	4	5	9	6	6	12	2	1	3	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth . . .	1	1	1	1	1	1	1	-	1	1	-	2	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system . . .	2	2	4	1	2	3	5	-	5	1	1	2	1	1	3	4	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses . . .	1	1	2	1	1	2	1	-	1	1	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses . . .	6	5	11	6	5	11	5	1	6	5	4	9	1	-	1	1	1	2	-	1	1	1	1	-	-	-	-
Dementia praecox . . .	7	10	17	8	4	12	11	8	19	3	8	11	3	6	9	4	5	9	1	2	3	-	2	2	-	1	1
Paranoia and paranoid conditions . . .	-	-	-	-	-	-	1	2	3	1	1	1	1	1	1	1	1	2	-	-	-	-	1	1	-	-	-
With psychopathic personality . . .	-	-	-	-	-	-	-	-	-	2	-	1	1	1	1	-	2	-	-	-	-	-	-	-	-	-	-
With mental deficiency . . .	1	-	1	-	4	-	-	-	-	2	-	2	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-
Undiagnosed psychoses . . .	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior disorders . . .	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total . . .	55	43	98	69	49	118	104	56	160	112	82	194	95	103	198	100	92	192	63	88	151	34	40	74	8	16	24

TABLE 227. — *Mental Disorders of ALL READMISSIONS who Died in Mental Hospitals, 1935, by Age at Death and Sex* — Concluded

MENTAL DISORDERS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	6	—	6	4	—	4	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	1	—	1	1	—	1	2	1	3	6	3	9	7	2	9	2	1	3	2	1	3	—	—	—	—	—	—
Alcoholic psychoses	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	1	3	4	1	3	4	3	3	6	1	3	4	4	6	10	5	4	9	1	2	3	1	1	2	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	1	1	1	1	1	2	1	2	3	1	1	1	1	1	2	—	—	—	—	—	—
With other disturbances of circulation	2	2	4	1	—	1	—	1	1	1	1	1	1	3	3	1	6	7	3	3	6	—	—	—	—	—	—
With convulsive disorders (epilepsy)	—	—	—	—	—	—	—	1	1	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involitional psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	2	4	6	5	6	11	4	6	10	4	5	9	6	4	10	1	4	5	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	8	11	19	4	8	12	6	12	18	5	19	24	7	23	30	6	20	26	2	3	5	1	3	4	—	1	1
Dementia praecox	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	3	5	8	1	—	1	1	1	1	—	3	3	4	1	5	1	1	2	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	25	27	52	20	19	39	18	27	45	18	35	53	31	43	74	16	40	56	9	15	24	2	6	8	—	1	1

TABLE 228. — Age at Death of Court First Admissions who Died in Hospitals for Mental Diseases, 1935, by Hospital and Sex — Concluded

HOSPITALS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	8	3	11	10	13	23	20	12	32	25	21	46	32	31	63	24	18	42	7	20	27	6	6	12	1	2	3
Boston Psychopathic	2	1	3	2	1	3	11	5	16	15	13	28	10	13	23	12	16	28	14	14	28	2	10	12	—	—	—
Danvers	12	8	20	12	11	23	9	1	10	4	4	8	4	3	7	5	5	10	1	2	3	2	3	5	1	1	2
Foxborough	1	3	4	3	—	3	1	1	1	—	—	—	1	2	3	1	2	3	1	5	6	—	—	—	—	—	—
Gardner	—	1	1	1	1	1	2	—	2	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Grafton	1	1	1	1	1	2	2	—	1	—	—	—	4	1	5	3	2	5	3	4	7	2	1	3	—	—	—
Medford	2	—	2	3	2	5	3	4	7	5	5	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	6	6	12	3	1	4	12	5	17	12	6	18	6	11	17	12	10	22	11	5	16	5	4	9	2	3	5
Taunton	3	3	6	7	5	12	7	4	11	11	6	17	8	8	16	9	14	23	8	10	18	7	7	14	2	2	4
Tewksbury	5	6	11	5	1	6	8	7	15	3	7	10	11	7	18	9	4	13	6	16	22	2	3	5	—	1	1
Westborough	9	5	14	9	7	16	16	8	24	11	11	22	9	18	27	9	15	24	8	9	17	3	5	8	—	3	3
Worcester	—	2	2	—	2	2	1	2	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monson	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
McLean	—	—	—	—	—	—	5	—	5	7	—	7	2	1	2	—	—	—	1	—	1	—	—	—	—	—	—
Bridgewater	2	—	2	6	—	6	1	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Tewksbury	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Veterans' Adm. Facility No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	51	38	89	62	45	107	97	49	146	97	74	171	88	96	184	86	89	175	60	85	145	29	39	68	6	16	22

TABLE 229. — Age at Death of Court Readmissions who Died in Hospitals for Mental Diseases, 1935, by Hospital and Sex — Concluded

HOSPITALS	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			85-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	1	5	6	3	4	7	4	5	9	3	1	4	5	3	8	1	6	7	1	1	1	1	1	1	1	1	1
Boston Psychopathic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	2	3	5	1	1	2	1	2	3	2	5	7	2	5	7	1	—	1	—	—	—	—	—	—	—	—	—
Foxborough	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gardner	2	3	5	—	—	—	2	2	4	1	2	3	3	3	1	4	1	1	1	2	2	1	1	—	—	—	—
Grafton	2	1	3	3	3	3	1	4	5	3	6	9	3	9	12	3	6	9	1	—	—	—	—	—	—	—	—
Medfield	3	1	4	3	1	4	3	4	7	2	6	8	5	11	16	1	8	9	2	3	5	—	2	2	1	1	1
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	—	1	1	2	2	3	1	1	2	1	2	3	3	2	5	1	2	3	1	1	1	—	—	—	—	—	—
Taunton	1	2	3	4	2	6	2	2	2	1	—	1	4	3	7	1	2	3	1	2	3	—	—	—	—	—	—
Westborough	5	2	7	2	2	5	1	2	3	2	—	2	1	1	2	1	5	6	1	4	5	1	1	2	—	—	—
Worcester	—	—	—	3	2	5	—	—	—	1	5	6	1	1	5	5	5	10	1	1	1	—	—	—	—	—	—
Monson	1	1	2	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
McLean	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	—	1	1	—	—	1	—	2	2	—	1	7	8	—	2	2	1	5	6	—	—	—	2	2	—	—	—
Veterans' Adm. Facility No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	23	27	50	20	18	38	17	27	44	18	35	53	31	43	74	16	40	56	8	14	22	2	6	8	—	1	1

TABLE 230. — Mental Disorders of Court First Admissions who Died in Hospitals for Mental Diseases, 1935, by Age at Admission and Sex

MENTAL DISORDERS	TOTAL			0-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	84	30	114	-	-	-	1	-	1	1	-	1	-	2	2	6	1	7	6	7	13	12	5	17	13	4	17
With other forms of syphilis	7	4	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	-	2	2
With epidemic encephalitis	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other infectious diseases	3	3	6	-	-	-	1	1	1	1	1	-	1	1	-	1	1	1	1	1	2	-	-	-	-	-	-
Alcoholic psychoses	54	9	63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	1	7	8	1	9	8	4	12
Due to drugs, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	3	-	3	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	292	241	533	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	3	2	5
With other disturbances of circulation	8	10	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
With convulsive disorders (epilepsy)	9	19	28	-	-	-	1	1	1	4	4	2	1	3	1	2	2	4	1	3	4	1	3	4	1	1	2
Semile psychoses	63	143	206	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4
Involutional psychoses	15	22	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3
Due to other metabolic diseases, etc.	14	23	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1
Due to new growth	5	-	5	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	7	8	-	-	-	2	1
With organic changes of nervous system	16	15	31	-	-	-	1	1	-	-	-	1	1	1	2	1	1	2	2	1	3	1	4	5	3	-	3
Psychoneuroses	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	-	-	-	-	-
Manic-depressive psychoses	33	23	56	-	-	-	1	-	1	-	1	1	2	2	4	2	1	3	2	2	4	2	6	2	6	8	16
Dementia praecox	68	73	141	-	-	-	1	4	5	10	3	13	11	11	22	14	5	19	12	6	18	9	10	19	2	14	32
Paranoia and paranoid conditions	3	11	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	2	2
With psychopathic personality	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	13	10	23	-	-	-	2	-	2	1	1	2	2	-	-	2	1	3	1	2	3	1	1	2	1	1	1
Undiagnosed psychoses	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	23	7	30	11	3	14	7	-	7	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	720	647	1,367	12	4	16	14	6	20	17	12	29	19	18	37	32	11	43	33	33	66	40	32	72	37	41	78

TABLE 231. — *Mental Disorders of Court Readmissions who Died in Hospitals for Mental Diseases, 1935,*
by Age at Admission and Sex — Concluded

MENTAL DISORDERS	45-49 YEARS			50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	2	1	3	3	—	3	3	—	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	5	2	7	2	1	3	5	—	5	5	—	5	—	1	2	3	—	—	—	1	1	—	—	—
Alcoholic psychoses	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	1	4	5	2	3	5	1	4	5	1	5	6	5	4	9	4	2	6	2	2	4
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	—	—	—	—	1	1	—	1	1	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involuntary psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	1	1	2	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	2	5	7	5	5	10	6	7	13	5	11	16	2	3	5	2	4	6	—	1	1	1	1	1
Dementia praecox	8	10	18	3	22	25	6	8	14	3	12	15	5	5	5	1	1	2	—	1	1	1	1	1
Paranoia and paranoid conditions	—	—	—	—	—	—	—	2	2	—	3	3	—	2	2	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	1	4	5	2	4	6	2	3	5	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	20	23	43	20	39	59	26	24	50	19	34	53	4	24	28	9	10	19	7	9	16	2	4	6

TABLE 236. — Causes of Death of All Patients who Died in Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex — Continued

CAUSES OF DEATH	TOTAL		WITH SYPHILITIC MENINGO- ENCEPHALITIS		ALCOHOLIC PSYCHOSES		WITH CEREBRAL ARTERIO- SCLEROSIS		WITH CONVULSIVE DISORDERS (EPILEPSY)		SENILE PSYCHOSES		INVOLU- TIONAL PSYCHOSES	
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
General paralysis of the insane	99	23	122	97	21	118	—	—	—	—	—	—	—	—
Dementia praecox and other psychoses	2	1	3	—	—	—	—	—	—	—	1	1	—	—
Epilepsy	34	23	57	—	—	—	—	—	12	13	25	—	—	—
Other diseases of the nervous system	5	6	11	—	—	—	1	—	—	—	—	—	—	—
Diseases of the organs of special sense	2	1	3	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Circulatory System:</i>														
Acute endocarditis	4	—	4	—	—	—	2	—	—	—	—	—	—	—
Chronic endocarditis (valvular disease)	11	27	38	—	—	—	4	13	17	—	2	2	—	—
Diseases of the myocardium	241	237	478	2	2	20	6	26	3	3	6	27	57	84
Diseases of the coronary arteries and angina pectoris	13	16	29	—	—	2	1	3	—	—	—	2	2	1
Other diseases of the heart	26	40	66	—	—	1	1	2	—	1	1	3	9	12
Arteriosclerosis	127	127	254	—	—	11	2	13	2	3	5	18	26	44
Gangrene	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the arteries	4	1	5	—	—	—	—	—	—	—	—	—	—	—
Diseases of the veins	—	1	1	—	—	—	1	1	—	—	—	—	—	—
Other diseases of the circulatory system	2	4	6	—	—	—	—	—	—	—	—	1	—	—
<i>Diseases of the Respiratory System:</i>														
Bronchitis	4	1	5	—	—	—	—	—	—	—	—	—	—	—
Bronchopneumonia (including capillary bronchitis)	130	115	245	7	3	10	9	3	12	2	—	15	30	45
Lobar pneumonia	49	27	76	3	—	3	9	—	9	5	1	3	2	5
Pleurisy	1	3	4	—	—	—	—	—	—	1	1	—	1	—
Asthma	1	1	2	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the respiratory system (tuberculosis excepted)	8	10	18	1	—	1	1	—	1	—	2	1	1	2
<i>Diseases of the Digestive System:</i>														
Ulcer of the stomach and duodenum	5	3	8	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the stomach (cancer excepted)	3	1	4	—	—	—	1	1	2	—	—	—	—	—
Diarrhea and enteritis	—	6	6	—	—	—	—	—	—	—	—	—	—	—
Appendicitis	1	2	3	—	—	—	1	—	—	—	—	—	—	—
Hernia, intestinal obstruction	4	4	8	—	—	—	1	2	3	—	—	—	—	—
Other diseases of the intestines	2	2	4	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of the liver	3	—	3	—	—	—	1	—	1	—	—	—	—	—
Other diseases of the liver	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Biliary calculi and other diseases of the gall bladder and biliary passages	2	4	6	—	—	—	—	—	—	1	1	—	2	2

TABLE 236. — Causes of Death of All Patients who Died in Hospitals for Mental Diseases, 1935, by Mental Disorders and Sex — Continued

CAUSES OF DEATH	PSYCHO-NEUROSES		MANIC-DEPRESSIVE PSYCHOSES		DEMENTIA PRAECOX		PARANOIA AND PARANOID CONDITIONS		WITH PSYCHOPATHIC PERSONALITY		WITH MENTAL DEFICIENCY		ALL OTHER PSYCHOSES			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
<i>Infectious and Parasitic Diseases:</i>																
Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	12	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system	—	1	1	7	5	35	44	79	3	1	—	4	4	12	12	24
Tuberculosis of other organs	—	—	—	—	1	1	1	2	—	—	—	1	1	—	—	—
Disseminated tuberculosis	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Syphilis (non-nervous forms)	—	—	—	—	—	—	1	1	—	—	—	1	—	1	1	5
Purulent infection, septicaemia (non-puerperal)	—	—	—	2	1	3	—	3	—	—	—	—	—	4	1	—
Other infectious diseases	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
<i>Cancer and other Tumors:</i>																
Cancer and other malignant tumors	1	—	1	3	4	7	5	16	21	—	—	—	2	2	9	4
Tumor (non-cancerous)	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
<i>Rheumatic Diseases, Nutritional Diseases, Diseases of the Endocrine Glands, and other General Diseases:</i>																
Acute rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Chronic rheumatism — osteoarthritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other general diseases	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
<i>Diseases of the Blood and Blood-making Organs:</i>																
Pernicious anemia	—	—	—	1	1	2	1	1	2	—	1	1	1	—	2	2
Other anemias	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	1
<i>Chronic Poisonings and Intoxications:</i>																
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
<i>Diseases of the Nervous System and Organs of Special Sense:</i>																
Encephalitis (non-epidemic)	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Progressive locomotor ataxia (tabes dorsalis)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other diseases of the spinal cord	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral hemorrhage	—	—	—	—	—	1	4	5	9	—	—	—	—	3	4	7
Cerebral embolism and thrombosis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—

TABLE 237. — *Country of Birth of Court Admissions, Discharges, Deaths, 1935, All Resident Population and Cases Out of Institutions on September 30, 1935, First and Readmissions, by Sex*

COUNTRY OF BIRTH	ADMISSIONS			DISCHARGES			DEATHS		
	FIRST ADMISSIONS		READMISSIONS	FIRST ADMISSIONS		READMISSIONS	FIRST ADMISSIONS		READMISSIONS
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	—	—	—	—	—	—	—	—	—
Australia	1	4	5	—	—	—	—	—	—
Austria	7	11	18	—	—	—	—	—	—
Belgium	—	2	2	—	5	7	—	2	2
Canada ¹	134	169	303	26	31	57	—	—	—
Central America	—	—	—	—	—	—	—	—	—
China	2	2	4	—	—	—	—	—	—
Czecho-Slovakia	3	3	6	—	—	—	—	—	—
Cuba	1	—	1	—	—	—	—	—	—
Denmark	2	—	2	—	—	—	—	—	—
England	51	34	85	5	9	14	—	—	—
Finland	6	7	13	3	4	7	—	—	—
France	6	3	9	2	2	4	—	—	—
Germany	25	8	33	2	4	6	—	—	—
Greece	12	4	16	1	1	2	—	—	—
Holland	—	—	—	—	—	—	—	—	—
Hungary	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	—	—
Ireland	114	131	245	—	—	—	—	—	—
Italy	92	55	147	27	37	64	—	—	—
Japan	—	—	—	15	10	25	—	—	—
Jugo-Slavia	—	—	—	—	—	—	—	—	—
Mexico	1	1	2	—	—	—	—	—	—
Norway	3	1	4	—	—	—	—	—	—
Philippine Islands	—	—	—	—	—	—	—	—	—
Poland	42	33	75	8	12	20	—	—	—
Portugal	29	20	49	6	3	9	—	—	—
Rumania	—	—	—	—	—	—	—	—	—
Russia	34	33	67	15	13	28	—	—	—
Scotland	12	18	30	6	6	12	—	—	—
South America	2	—	2	—	—	—	—	—	—
Spain	—	—	—	—	—	—	—	—	—
Sweden	21	13	34	5	7	12	—	—	—
Switzerland	1	—	1	—	—	—	—	—	—
Turkey in Asia	1	3	4	—	—	—	—	—	—
Turkey in Europe	3	3	6	1	1	2	—	—	—
United States ²	1,190	1,032	2,222	330	277	607	—	—	—
Wales	—	—	—	—	—	—	—	—	—
West Indies ³	—	—	—	2	2	4	—	—	—
Other countries ⁴	34	17	51	2	5	7	—	—	—
Unknown	6	5	11	—	—	—	—	—	—
Total	1,838	1,606	3,444	458	418	876	701	580	1,281
							349	270	619
							720	647	1,367
							217	258	475

¹Includes Newfoundland.²Persons born in Hawaii, Porto Rico and the Virgin Islands are recorded as born in the United States.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 237A. — Country of Birth of Patients in Residence in Hospitals for Mental Diseases on September 30, 1935, by Citizenship and Sex

COUNTRY OF BIRTH	TOTAL		ALIEN		NATURALIZED		CITIZENS BY BIRTH		OTHERS		UNKNOWN	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	—	2	2	—	—	—	—	—	—	—	—	—
Australia	4	4	8	2	4	—	1	—	—	—	1	1
Austria	101	73	174	76	52	128	13	8	21	—	12	13
Belgium	8	6	14	5	10	—	1	3	—	—	1	—
Canada	763	986	1,749	378	498	876	238	272	510	1	146	210
Central America	2	—	2	1	—	—	1	—	—	6	7	356
China	23	—	23	23	—	—	1	—	—	—	—	—
Czechoslovakia	3	8	11	2	4	6	1	3	4	—	—	1
Cuba	2	6	8	1	5	6	3	—	—	1	—	1
Denmark	13	9	22	8	5	13	3	4	1	1	—	—
England	220	280	500	94	126	220	83	105	188	2	41	48
Finland	88	70	158	67	48	115	12	16	28	1	9	5
France	18	27	45	8	18	26	5	7	12	1	5	14
Germany	91	94	185	32	41	73	39	34	73	—	20	19
Greece	98	27	125	59	19	78	19	3	22	—	20	5
Holland	2	1	3	1	—	—	1	1	2	—	—	—
Hungary	11	11	22	7	6	13	1	3	4	—	3	2
India	3	—	3	1	—	—	2	—	—	—	—	5
Ireland	691	1,179	1,870	280	622	902	277	315	592	2	132	238
Italy	503	283	786	324	193	517	110	50	160	6	68	370
Japan	2	—	2	2	—	—	2	—	—	1	40	108
Lithuania	4	1	5	3	1	4	1	—	—	—	—	—
Mexico	1	2	3	—	2	2	—	—	—	—	1	—
Norway	28	17	45	14	7	21	10	7	17	—	4	3
Philippine Islands	5	2	7	3	2	5	2	—	—	—	—	—
Poland	351	256	607	255	186	441	56	31	87	—	39	79
Portugal	136	87	223	108	71	179	15	7	22	—	13	9
Rumania	9	4	13	5	2	7	4	2	6	—	22	—
Russia	447	330	777	295	205	500	87	60	147	2	63	65
Scotland	60	87	147	23	48	71	28	20	48	—	9	19
South America	6	5	11	4	5	9	1	—	—	—	1	—
Spain	8	4	12	6	3	9	1	1	1	1	1	2
Sweden	125	144	269	54	79	133	51	45	96	2	20	40
Switzerland	7	4	11	5	3	8	1	1	2	—	2	—
Turkey in Asia	28	13	41	18	6	24	5	3	8	—	5	4
Turkey in Europe	26	10	36	17	9	26	5	3	7	—	2	1
United States ²	8,094	7,236	15,330	—	—	—	—	—	—	—	2	1
Wales	6	3	9	—	—	—	—	—	—	—	1	—
West Indies ³	27	22	49	4	2	6	2	—	2	—	—	1
Other countries ⁴	219	120	339	20	12	32	39	6	12	—	1	4
Unknown	38	30	68	140	88	228	39	17	56	1	38	30
Total	12,271	11,443	23,714	2,345	2,375	4,720	1,124	1,025	2,149	9	699	793
										14	23	1,492

¹Includes Newfoundland.²Persons born in Hawaii, Porto Rico and the Virgin Islands are recorded as born in the United States.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified. also, born at sea.

TABLE 238. — Admission Age and Present Age of All First Admissions in Residence in Mental Hospitals on September 30, 1935, by Mental Disorders and Sex

MENTAL DISORDERS	TOTAL			0-19 YEARS						20-29 YEARS						PRESENT AGE		
	M.	F.	T.	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE					
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	351	104	455	2	-	2	2	-	2	16	8	24	8	4	12	-	-	-
With other forms of syphilis	61	19	80	-	-	-	-	-	-	2	2	4	-	2	2	-	-	-
With epidemic encephalitis	41	26	67	11	10	21	5	7	12	9	5	14	10	6	16	-	-	-
With other infectious diseases	6	8	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	681	89	770	-	-	-	-	-	-	26	3	29	9	-	-	-	-	-
Due to drugs, etc.	6	2	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	36	10	46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	482	472	954	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	16	16	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	292	300	592	53	54	107	17	21	38	-	-	-	75	82	157	64	49	113
Senile psychoses	206	324	530	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	113	239	352	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	26	41	67	1	1	2	-	-	-	3	5	8	2	3	5	-	-	-
Due to new growth	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	92	37	129	12	5	17	8	3	11	15	3	18	11	4	15	-	-	-
Psychoneuroses	38	69	107	2	-	2	2	-	2	4	18	22	3	17	20	-	-	-
Manic-depressive psychoses	344	492	836	19	18	37	12	13	25	55	74	129	42	51	93	-	-	-
Dementia praecox	2,508	2,318	4,826	171	122	293	49	38	87	1,020	584	1,604	394	255	649	-	-	-
Paranoia and paranoid conditions	104	251	355	-	-	-	-	-	-	6	2	8	3	-	3	-	-	-
With psychopathic personality	56	59	115	7	6	13	5	5	10	12	15	27	7	11	18	-	-	-
With mental deficiency	465	411	876	64	59	123	14	15	29	159	105	264	95	64	159	-	-	-
Undiagnosed psychoses	7	8	15	-	-	2	-	-	2	4	1	5	4	-	4	-	-	-
Without psychoses	464	412	876	320	258	578	208	158	366	72	78	150	106	82	188	-	-	-
Primary behavior disorders	2	1	3	1	-	1	1	-	1	-	-	1	-	1	1	-	-	-
Total	6,398	5,711	12,109	663	538	1,201	323	264	587	1,482	987	2,469	760	550	1,310	-	-	-

TABLE 238. — Admission Age and Present Age of All First Admissions in Residence in Mental Hospitals on September 30, 1935,
by Mental Disorders and Sex — Continued

MENTAL DISORDERS	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	116	34	150	84	26	110	119	30	149	117	29	146	69	22	91	60	24	84
With other forms of syphilis	14	6	20	6	3	9	22	5	27	26	3	29	17	6	23	12	6	18
With epidemic encephalitis	8	8	16	8	9	17	12	2	14	13	3	16	1	1	1	1	1	1
With other infectious diseases	4	2	6	3	1	4	1	4	5	1	5	6	1	2	3	1	2	3
Alcoholic psychoses	150	14	164	63	8	71	228	32	260	121	16	137	184	26	210	234	24	258
Due to drugs, etc.	—	—	—	—	—	—	3	1	4	2	—	2	2	1	3	2	1	3
Traumatic psychoses	5	1	6	3	—	3	17	2	19	9	3	12	6	1	7	7	1	8
With cerebral arteriosclerosis	1	1	2	1	1	2	8	11	19	5	2	7	84	86	170	73	51	124
With other disturbances of circulation	—	—	—	—	—	—	3	6	9	1	7	8	5	2	7	4	—	4
With convulsive disorders (epilepsy)	73	58	131	58	49	107	48	62	110	62	80	142	31	28	59	43	142	101
Senile psychoses	—	—	—	—	—	—	1	2	3	1	2	3	14	23	37	55	6	61
Involuntional psychoses	2	4	6	—	1	1	23	92	115	12	47	59	59	119	178	76	116	192
Due to other metabolic diseases, etc.	7	3	10	5	5	10	5	9	14	14	7	4	11	5	16	10	14	24
Due to new growth	—	—	—	—	1	1	1	—	1	1	—	—	—	1	1	—	1	1
With organic changes of nervous system	13	7	20	14	3	17	26	4	30	22	3	25	14	16	30	20	16	36
Psychoneuroses	12	16	28	10	17	26	10	17	27	13	11	24	8	12	20	10	15	25
Manic-depressive psychoses	65	118	183	54	84	138	126	212	276	76	128	204	75	107	182	99	114	213
Dementia praecox	776	700	1,476	632	455	1,087	395	553	948	664	613	1,277	116	286	402	434	512	946
Paranoia and paranoid conditions	18	27	45	9	13	22	40	9	136	29	55	84	25	90	115	36	84	120
With psychopathic personality	18	19	37	19	14	33	8	9	17	7	10	17	7	8	15	10	7	17
With mental deficiency	106	120	226	93	95	188	80	83	163	119	117	236	44	33	77	71	71	142
Undiagnosed psychoses	—	1	2	1	2	3	2	4	6	2	4	6	—	—	—	—	—	—
Without psychoses	24	47	71	72	81	153	29	20	49	38	48	86	17	4	21	18	31	49
Primary behavior disorders	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—
Total	1,413	1,189	2,602	1,134	869	2,003	1,168	1,170	2,338	1,349	1,190	2,539	783	885	1,668	1,275	1,155	2,430

TABLE 239. — Admission Age and Present Age of All First Admissions Out of Mental Hospitals (Visits, etc.) on September 30, 1935, by Mental Disorders and Sex

MENTAL DISORDERS	TOTAL			0-19 YEARS				20-29 YEARS				30-39 YEARS				40-49 YEARS								
				AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
With syphilitic meningo-encephalitis	56	19	75	1	2	3	4	2	6	4	2	6	17	5	22	16	3	19	24	3	27	25	4	29
With other forms of syphilis	7	4	11	—	—	—	—	—	—	—	—	—	2	2	4	2	3	5	2	1	3	1	1	2
With epidemic encephalitis	5	—	5	3	—	3	1	—	1	2	—	2	1	—	1	1	—	1	—	—	—	—	—	—
With other infectious diseases	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psycho- [•]	123	16	139	—	—	—	8	1	9	5	1	6	26	2	28	22	1	23	42	8	50	42	7	49
Due to drugs, etc.	1	7	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	9	1	10	1	—	1	1	—	1	1	—	1	2	1	3	2	1	3	—	—	—	—	—	—
With cerebral arteriosclerosis	61	56	117	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	1	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	46	34	80	12	8	20	16	14	30	13	17	30	6	7	13	9	7	16	9	4	13	9	4	13
Senile psychoses	10	26	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses	22	56	78	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	7	13	20	1	—	1	—	2	2	—	2	2	1	4	4	—	2	2	5	21	26	5	20	25
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	6	13	19	—	—	—	1	1	2	1	1	2	1	2	3	1	2	3	1	2	3	1	5	6
Psychoneuroses	14	32	46	2	2	4	6	10	16	6	8	14	4	12	16	4	11	15	2	7	9	2	8	10
Manic-depressive psychoses	107	155	262	10	15	25	5	9	14	27	42	69	22	41	63	21	34	55	19	32	53	19	39	58
Dementia praecox	220	289	509	31	31	62	100	84	184	96	79	175	68	94	162	67	85	152	16	37	53	26	46	72
Paranoia and paranoid conditions	12	34	46	—	—	—	—	1	1	—	1	1	1	5	6	1	5	6	1	12	13	1	6	7
With psychopathic personality	17	12	29	5	2	7	6	2	8	6	2	8	3	5	8	3	5	8	3	2	5	4	2	6
With mental deficiency	29	37	66	9	6	15	9	9	18	10	10	20	6	9	15	7	9	16	3	7	10	4	8	12
Undiagnosed psychoses	3	2	5	—	—	—	1	1	2	1	1	2	1	1	1	1	—	1	—	1	1	1	1	1
Without psychoses	45	43	88	29	26	55	10	11	21	15	10	25	4	3	7	5	5	10	1	3	4	1	3	4
Primary behavior disorders	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	807	861	1,668	105	92	197	187	178	365	187	176	363	166	199	365	164	179	343	136	157	293	146	167	313

TABLE 239. — *Admission Age and Present Age of All First Admissions Out of Mental Hospitals (Visits, etc.) on September 30, 1935, by Mental Disorders and Sex — Concluded*

MENTAL DISORDERS	50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER														
	AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE	AGE AT ADMISSION		PRESENT AGE												
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.												
With syphilitic meningo-encephalitis.	10	5	15	8	6	14	-	1	1	2	1	3	-	1	1	-	-	-	-	-	-	-	-	-	-		
With other forms of syphilis	2	-	2	2	-	2	1	-	1	2	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-		
With epidemic encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
With other infectious diseases	1	1	2	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Alcoholic psychoses	30	5	35	32	7	39	14	-	14	16	-	16	3	6	-	6	-	-	-	-	-	-	-	-	-		
Due to drugs, etc.	-	-	-	-	-	-	-	2	2	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-		
Traumatic psychoses	3	-	3	3	-	3	1	-	1	1	-	1	1	1	-	1	-	1	-	-	-	-	-	-	-		
With cerebral arteriosclerosis	11	17	28	9	13	22	32	18	50	32	18	50	14	16	30	16	20	36	-	-	-	-	-	-	-		
With other disturbances of circulation	-	3	3	-	3	3	-	1	1	-	1	1	-	-	-	4	2	6	4	3	7	-	-	-	-		
With convulsive disorders (epilepsy)	3	1	4	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Senile psychoses	1	5	6	1	1	2	5	10	15	4	14	18	3	7	10	3	8	11	1	2	3	2	2	4	1		
Involutional psychoses	12	26	38	11	24	35	5	5	10	6	9	15	-	-	-	-	-	-	-	-	-	-	-	-	-		
Due to other metabolic diseases, etc.	2	2	4	2	2	4	1	1	2	1	1	2	1	-	1	1	1	-	-	-	-	-	-	-	-		
Due to new growth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
With organic changes of nervous system	1	6	7	1	6	7	2	2	4	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-		
Psychoneuroses	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Manic-depressive psychoses	21	20	41	21	19	40	9	7	16	13	10	23	-	1	1	1	2	3	-	-	-	-	-	-	-		
Dementia praecox	3	36	39	9	38	47	2	6	8	2	15	17	-	1	1	1	5	6	-	-	-	-	-	-	-		
Paranoia and paranoid conditions	9	13	22	9	13	22	1	3	4	1	1	8	9	-	-	-	-	-	1	1	-	-	-	-	-		
With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
With mental deficiency	1	3	4	1	3	4	1	3	4	1	5	6	-	-	-	-	-	-	-	-	-	-	-	-	-		
Undiagnosed psychoses	1	1	-	1	1	-	1	3	4	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Without psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Primary behavior disorders	-	-	-	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total	111	144	255	115	144	259	75	60	135	85	87	172	22	26	48	29	37	66	5	4	9	6	6	12	-	1	1

TABLE 240. — Admission Age and Present Age of All Readmitted Cases in Residence in Mental Hospitals on September 30, 1935,
by Mental Disorders and Sex

MENTAL DISORDERS	TOTAL						0-19 YEARS						20-29 YEARS					
	M. F. T.			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
With syphilitic meningo-encephalitis	228	42	270	3	1	4	1	1	2	7	4	11	4	2	6			
With other forms of syphilis	30	13	43							2	2	2	1	1	1			
With epidemic encephalitis	22	12	34	3	2	5	1	1	2	6	3	9	5	4	9			
With other infectious diseases	4	3	7															
Alcoholic psychoses	466	103	569							15	3	18	1	1	1			
Due to drugs, etc.	4	3	7															
Traumatic psychoses	24	2	26							4	1	4	2		2			
With cerebral arteriosclerosis	86	77	163															
With other disturbances of circulation	2	3	5															
With convulsive disorders (epilepsy)	188	164	352	9	16	25	2	3	5	43	42	85	13	12	25			
Senile psychoses	30	54	84															
Involuntional psychoses	49	97	146															
Due to other metabolic diseases, etc.	9	16	25							3	1	4	3	1	4			
Due to new growth	1	2	3															
With organic changes of nervous system	37	28	65	3	1	4		1	1	2	7	9	3	5	8			
Psychoneuroses	18	34	52	2	2	4		2	2	3	5	6	4	2	6			
Manic-depressive psychoses	402	640	1,042	4	7	11	1	1	3	47	61	108	27	28	55			
Dementia praecox	3,585	3,670	7,255	60	40	100	14	6	20	944	604	1,548	178	135	313			
Paranoia and paranoid conditions	73	159	232							1	1	2	1	1	1			
With psychopathic personality	43	38	81	1	3	4	1	1	2	7	12	19	4	12	16			
With mental deficiency	432	441	873	28	24	52	4	5	9	130	115	245	42	50	92			
Undiagnosed psychoses	9	14	23							3	2	5	2	1	3			
Without psychoses	130	117	247	44	41	85	18	22	40	35	27	62	25	24	49			
Primary behavior disorders	1		1	1		1							1		1			
Total	5,873	5,732	11,605	158	137	295	42	45	87	1,251	886	2,137	316	276	592			

TABLE 240. — Admission Age and Present Age of All Readmitted Cases in Residence in Mental Hospitals on September 30, 1935, by Mental Disorders and Sex — Continued

MENTAL DISORDERS	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	80	14	94	47	7	54	100	11	111	105	14	119	34	11	45	57	10	67
With other forms of syphilis	10	4	14	6	2	8	9	2	11	10	2	12	7	5	12	6	5	11
With epidemic encephalitis	9	3	12	8	1	9	3	3	6	2	3	5	1	1	1	5	3	8
With other infectious diseases	3	1	4	2	—	2	1	1	2	1	—	2	—	—	—	1	2	3
Alcoholic psychoses	94	20	114	20	2	22	135	31	166	89	18	107	158	40	198	155	38	193
Due to drugs, etc.	3	—	3	—	—	—	1	—	—	2	2	1	3	2	2	—	1	1
Traumatic psychoses	6	—	6	6	—	6	6	1	7	5	—	5	5	—	5	3	—	3
With cerebral arteriosclerosis	1	1	2	—	—	1	1	6	7	—	4	4	11	14	25	6	9	15
With other disturbances of circulation	—	—	—	—	—	—	—	3	3	—	—	2	1	—	1	—	1	2
With convulsive disorders (epilepsy)	61	47	108	45	33	78	46	39	85	57	34	91	19	15	34	35	41	76
Senile psychoses	—	1	1	—	—	—	1	1	2	—	1	1	—	—	3	1	2	3
Involuntary psychoses	—	2	2	—	—	—	10	31	41	7	13	20	25	49	74	17	36	53
Due to other metabolic diseases, etc.	—	1	1	—	—	—	3	6	9	1	4	5	2	2	5	7	1	5
Due to new growth	—	1	1	—	1	1	1	—	—	—	—	—	—	—	1	1	—	1
With organic changes of nervous system	8	8	16	4	5	9	13	7	20	15	9	24	8	3	11	6	4	10
Psychoneuroses	6	11	17	4	4	8	6	8	14	5	12	17	2	5	7	4	6	10
Manic-depressive psychoses	84	131	215	51	81	132	107	185	292	96	140	236	102	166	268	100	171	271
Dementia praecox	1,488	1,201	2,689	854	505	1,359	771	1,094	1,865	1,240	938	2,178	271	568	839	754	1,029	1,783
Paranoia and paranoid conditions	12	16	28	3	10	13	19	55	74	14	31	45	30	61	91	20	38	58
With psychopathic personality	17	9	26	6	5	11	10	7	17	16	9	25	6	5	11	8	5	13
With mental deficiency	120	122	242	90	76	166	98	120	218	124	141	265	39	47	86	97	87	184
Undiagnosed psychoses	2	5	7	1	6	7	1	3	4	3	3	6	1	3	4	1	3	4
Without psychoses	31	29	60	32	24	56	14	10	24	29	20	49	3	5	8	16	17	33
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,035	1,627	3,662	1,180	762	1,942	1,356	1,624	2,980	1,821	1,400	3,221	724	1,011	1,735	1,295	1,513	2,808

TABLE 242. — Age at Admission of All First Admissions in the Resident Population of Mental Hospitals, September 30, 1935, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	581	806	1,387	40	28	68	142	119	261	99	144	243	92	171	263
Boston Psychopathic	36	19	55	4	6	10	6	4	10	9	4	13	9	3	12
Danvers	734	776	1,510	52	36	88	176	137	313	146	183	329	126	167	293
Foxborough	375	407	782	20	35	55	85	83	168	81	98	179	75	63	138
Grafton	125	119	244	6	4	10	27	17	44	19	28	47	31	31	62
Medfield	107	61	168	6	4	10	19	10	29	21	12	33	30	13	43
Metropolitan	213	225	438	11	7	18	40	30	70	41	64	105	47	61	108
Northampton	699	739	1,438	41	34	75	162	126	288	140	154	294	126	169	295
Taunton	616	608	1,224	34	24	58	140	94	234	137	124	261	107	135	242
Westborough	478	503	981	31	14	45	97	67	164	97	99	196	90	101	191
Worcester	722	652	1,374	40	30	70	164	115	279	160	157	317	161	163	324
Monson	566	588	1,154	349	300	649	97	134	231	51	75	126	35	50	85
McLean	48	74	122	1	4	5	10	12	22	10	13	23	7	12	19
Bridgewater	709	709	1,418	26	26	52	260	8	39	222	16	34	124	17	124
Tewksbury	63	134	197	2	12	14	8	39	47	16	34	50	17	31	48
Veterans' Adm. Facility No 107	190	190	380	—	—	—	33	—	33	95	—	95	49	49	98
Veterans' Adm. Facility No 95	136	—	136	—	—	—	16	—	16	69	—	69	42	—	42
Total.	6,398	5,711	12,109	663	538	1,201	1,482	987	2,469	1,413	1,189	2,602	1,168	1,170	2,338

TABLE 242.— *Age at Admission of All First Admissions in the Resident Population of Mental Hospitals, September 30, 1935,*
by Hospital and Sex — Concluded

HOSPITALS	50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	92	158	250	73	96	169	40	68	108	3	20	23	—	2	2
Boston Psychopathic	7	2	9	1	—	1	—	—	—	—	—	—	—	—	—
Danvers	101	129	230	79	70	149	42	40	82	11	13	24	1	1	2
Foxborough	57	52	109	37	44	81	17	27	44	2	4	6	1	1	2
Gardner	21	19	40	12	12	24	7	6	13	2	2	4	—	—	—
Grafton	15	8	23	8	9	17	7	5	12	1	—	—	—	—	—
Medford	26	28	54	28	16	44	11	13	24	9	5	14	—	1	1
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	99	127	226	84	75	159	37	40	77	9	14	23	1	—	1
Taunton	93	115	208	65	64	129	32	44	76	8	8	16	—	—	—
Westborough	77	100	177	48	69	117	34	42	76	4	10	14	—	1	1
Worcester	91	100	191	64	42	106	33	34	67	9	11	20	—	—	—
Monson	20	19	39	11	7	18	3	3	6	—	—	—	—	—	—
McLean	5	18	23	9	11	20	2	3	5	4	1	5	—	—	—
Bridgewater	56	—	56	16	—	16	4	—	4	1	—	1	—	—	—
Tewksbury	10	10	20	8	5	13	2	3	5	—	—	—	—	—	—
Veterans' Adm. Facility No. 107	7	—	7	5	—	5	—	—	—	1	—	1	—	—	—
Veterans' Adm. Facility No. 95	6	—	6	3	—	3	—	—	—	—	—	—	—	—	—
Total	783	885	1,668	551	520	1,071	271	328	599	64	88	152	3	6	9

TABLE 243. — Age at Admission of All Readmissions in the Resident Population of Mental Hospitals, September 30, 1935, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	363	529	892	19	12	31	114	114	228	85	125	210	71	143	214
Boston Psychopathic	10	8	18	1	—	1	2	1	3	5	1	6	—	2	2
Danvers	314	377	691	8	10	18	72	75	147	81	94	175	68	106	174
Foxborough	194	273	467	7	5	12	40	47	87	57	87	144	60	63	123
Gardner	665	427	1,092	15	9	24	153	70	223	264	149	413	148	116	264
Grafton	535	670	1,205	13	11	24	133	88	221	185	214	399	111	199	310
Medfield	556	853	1,409	8	9	17	128	132	260	162	307	469	144	258	402
Metropolitan	712	801	1,513	14	3	17	101	73	174	176	176	352	208	274	482
Northampton	183	257	440	5	—	5	41	30	71	34	66	100	50	70	120
Taunton	205	212	417	4	2	6	40	38	78	54	57	111	48	53	101
Westborough	194	320	514	1	7	8	48	34	82	53	68	121	35	87	122
Worcester	383	469	852	5	6	11	83	68	151	106	129	235	78	142	220
Monson	151	171	322	45	51	96	46	52	98	29	41	70	23	17	40
McLean	29	55	84	—	—	—	10	6	16	3	16	19	5	14	19
Bridgewater	194	—	194	—	—	—	52	—	52	74	—	74	30	—	30
Tewksbury	36	310	346	3	12	15	8	58	66	13	97	110	6	80	86
Veterans' Adm. Facility No. 107	649	—	649	—	—	—	71	—	71	363	—	363	186	—	186
Veteranas' Adm. Facility No. 95	500	—	500	1	—	1	109	—	109	291	—	291	85	—	85
Total	5,873	5,732	11,605	158	137	295	1,251	886	2,137	2,035	1,627	3,662	1,356	1,624	2,980

TABLE 243. — *Age at Admission of All Readmissions in the Resident Population of Mental Hospitals, September 30, 1935, by Hospital and Sex — Concluded*

HOSPITALS	50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	49	93	142	19	35	54	6	7	13	—	—	—	—	—	—
Boston Psychopathic	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	53	56	109	29	21	50	2	15	17	1	—	1	—	—	—
Foxborough	21	48	69	8	16	24	1	4	5	—	2	2	—	1	1
Gardner	55	64	119	28	17	45	2	2	4	—	—	—	—	—	—
Grafton	61	114	175	24	40	64	8	4	12	—	—	—	—	—	—
Medfield	73	102	175	32	43	75	8	2	10	1	—	1	—	—	—
Metropolitan	173	223	396	37	49	86	3	3	6	—	—	—	—	—	—
Northampton	36	61	97	11	24	35	5	6	11	1	—	—	—	—	—
Taunton	38	35	73	14	16	30	7	8	15	—	3	3	—	—	—
Westborough	28	68	96	26	40	66	2	14	16	1	2	3	—	—	—
Worcester	68	79	147	32	35	67	11	7	18	—	3	3	—	—	—
Monson	6	10	16	2	—	2	—	—	—	—	—	—	—	—	—
McLean	2	12	14	9	4	13	—	2	2	—	1	1	—	—	—
Bridgewater	21	—	21	8	—	8	—	—	—	—	—	—	—	—	—
Tewksbury	5	42	47	—	18	18	1	3	4	—	—	—	—	—	—
Veterans' Adm. Facility No. 107	23	—	23	6	—	6	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	10	—	10	4	—	4	—	—	—	—	—	—	—	—	—
Total	724	1,011	1,735	289	358	647	56	77	133	4	11	15	—	1	1

TABLE 244. — *Present Age of All First Admissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1935, by Hospital and Sex*

	HOSPITALS										TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS		
											M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
											M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	581	806	1,387	12	7	19	73	57	130	100	105	205	105	144	249
Boston Psychopathic	36	19	55	18	6	10	6	4	10	9	4	13	9	3	12
Danvers	734	776	1,510	18	11	29	102	68	170	124	115	239	163	188	351
Foxborough	375	407	782	12	18	30	46	53	99	83	76	159	67	87	154
Gardner	125	119	244	3	4	7	17	8	25	17	17	34	24	34	58
Graton	107	61	168	3	-	3	7	7	14	17	10	27	31	15	46
Medfield	213	225	438	9	4	13	22	16	38	41	47	88	33	70	103
Metropolitan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Northampton	699	739	1,438	7	13	20	93	77	170	113	114	227	145	147	292
Taunton	616	608	1,224	12	9	21	71	47	118	91	90	181	122	113	235
Westborough	478	503	981	10	7	17	52	26	88	84	58	142	78	94	172
Worcester	722	652	1,374	12	9	21	79	49	128	110	90	206	154	162	316
Monson	566	588	1,154	216	172	388	137	117	254	95	108	203	47	92	139
McLean	48	74	122	1	4	5	4	5	9	5	11	16	8	10	18
Bridgewater	709	-	709	4	-	4	48	-	48	117	-	117	182	-	182
Tewksbury	63	134	197	-	-	-	1	6	7	2	15	17	12	31	43
Veterans' Adm. Facility No. 107	190	-	190	-	-	-	-	-	-	-	-	-	102	-	102
Veterans' Adm. Facility No. 95	136	-	136	-	-	-	1	-	1	56	-	56	67	-	67
Total	6,398	5,711	12,109	323	264	587	760	550	1,310	1,134	869	2,003	1,349	1,190	2,539

TABLE 245 — *Present Age of All Readmissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1935,*
by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	363	529	892	2	5	7	40	25	65	60	82	142	81	111	192
Boston Psychopathic	10	8	18	1	1	2	2	1	3	5	1	6	—	2	2
Danvers	314	373	691	2	2	4	27	29	56	54	69	123	81	89	170
Foxborough	194	273	467	3	1	4	11	9	20	32	43	75	58	75	133
Gardner	665	427	1,092	1	—	1	22	12	34	82	52	134	201	114	315
Grafton	535	670	1,205	1	1	2	12	19	31	48	62	110	130	146	285
Medfield	556	853	1,409	3	3	6	17	27	44	58	87	145	117	193	310
Metropolitan	712	801	1,513	7	3	10	51	48	99	173	131	304	185	251	436
Northampton	183	257	440	1	—	1	15	10	25	28	30	58	46	67	113
Taunton	205	212	417	2	—	2	18	13	31	33	31	64	45	55	100
Westborough	194	320	514	—	2	2	23	18	41	34	38	72	38	67	105
Worcester	383	469	852	—	5	5	29	22	51	69	69	138	93	130	223
Monson	151	171	322	19	23	42	26	33	59	35	41	76	34	30	64
McLean	29	55	84	—	—	—	4	4	8	4	7	11	5	13	18
Bridgewater	194	194	388	1	—	1	17	—	17	32	—	32	42	—	42
Tewksbury	36	310	346	—	—	—	1	6	7	5	19	24	7	57	64
Veterans, Adm. Facility No. 107	649	—	649	—	—	—	—	—	—	225	—	225	388	—	388
Veterans Adm. Facility No. 95	500	—	500	—	—	—	1	—	1	203	—	203	261	—	261
Total	5,873	5,732	11,605	42	45	87	316	276	592	1,180	762	1,942	1,821	1,400	3,221

TABLE 245. — *Present Age of All Readmissions in the Resident Population of Hospitals for Mental Diseases, September 30, 1935,*
by Hospital and Sex — Concluded

HOSPITALS	50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	97	139	236	64	113	177	17	46	63	2	8	10	—	—	—
Boston Psychopathic	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—
Danvers	72	91	163	54	57	111	22	32	54	2	8	10	—	—	—
Foxborough	50	70	120	23	49	72	15	18	33	2	6	8	—	—	—
Gardner	203	157	360	121	70	191	32	19	51	3	3	6	—	—	—
Grafton	156	159	315	112	168	280	62	92	154	6	22	28	—	—	—
Medfield	158	203	361	125	215	340	70	112	182	8	13	21	—	—	—
Metropolitan	208	246	454	80	115	195	8	7	15	—	—	—	—	—	—
Northampton	41	74	115	30	54	84	21	18	39	1	4	5	—	—	—
Taunton	49	54	103	38	28	66	18	24	42	2	7	9	—	—	—
Westborough	40	76	116	40	70	110	16	41	57	3	6	9	—	—	—
Worcester	90	112	202	55	81	136	39	38	77	8	11	19	—	—	—
Monson	23	26	49	11	15	26	3	3	6	—	—	—	—	—	—
McLean	1	11	12	10	6	16	4	12	16	1	2	3	—	—	—
Bridgewater	43	—	43	36	—	36	18	—	18	5	—	5	—	—	—
Tewksbury	9	91	100	10	89	99	3	41	44	1	6	7	—	—	—
Veterans' Adm. Facility No. 107	24	—	24	12	—	12	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	29	—	29	6	—	6	—	—	—	—	—	—	—	—	—
Total	1,295	1,513	2,808	827	1,130	1,957	348	503	851	44	96	140	—	7	7

TABLE 246. — *Age at Admission of All First Admissions Out on Visit, etc., in the Resident Population of Mental Hospitals on September 30, 1935, by Hospital and Sex*

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	88	99	187	12	6	18	18	14	32	18	24	42	8	26	34	13	18	31	12	7	19	6	3	9	1	1	2	—	—	—
Boston Psychopathic	35	20	55	1	3	4	5	7	12	9	3	12	12	4	16	8	2	10	—	1	1	—	—	—	—	—	—	—	—	—
Danvers	125	130	255	9	7	16	33	30	63	28	24	52	23	31	54	18	26	44	12	7	19	2	5	7	—	—	—	—	—	—
Foxborough	39	35	74	2	3	5	11	11	22	8	8	16	8	4	12	5	6	11	4	2	6	1	1	2	—	—	—	—	—	—
Gardner	24	28	52	3	1	4	4	2	6	4	4	8	2	7	9	3	7	10	5	5	10	2	1	3	1	1	2	—	—	—
Grafton	5	4	9	—	—	—	3	1	4	—	1	1	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medfield	31	53	84	3	7	10	6	12	18	7	22	29	3	3	6	8	5	13	2	2	4	2	2	4	—	—	—	—	—	—
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	101	123	224	10	8	18	23	24	47	24	33	57	16	19	35	18	25	43	9	7	16	1	6	7	—	1	1	—	—	—
Taunton	57	72	129	6	5	11	12	12	24	11	17	28	12	19	31	8	10	18	7	7	14	1	2	3	—	—	—	—	—	—
Westborough	59	83	142	7	9	16	13	17	30	10	19	29	10	12	22	10	18	28	7	6	13	1	1	2	1	—	1	1	—	—
Worcester	134	143	277	12	11	23	33	24	57	25	36	61	22	24	46	18	27	45	16	16	32	6	5	11	2	2	—	—	—	—
Monson	70	61	131	39	31	70	21	19	40	4	6	10	5	5	10	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	8	10	18	1	1	2	3	5	8	—	2	2	3	1	4	—	—	—	1	—	1	—	—	—	—	1	1	—	—	—
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vet. Adm. Fac. No. 107	—	—	—	—	—	—	1	—	1	10	—	10	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vet. Adm. Fac. No. 95	13	—	13	—	—	—	—	—	—	7	—	7	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	807	861	1,668	105	92	197	187	178	365	166	199	365	136	157	293	111	144	255	75	60	135	22	26	48	5	4	9	—	1	1

TABLE 247. — Age at Admission of All Readmissions Out on Visit, etc., in the Resident Population of Mental Hospitals on September 30, 1935, by Hospital and Sex

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Boston State	26	35	61	3	2	5	5	3	8	6	10	16	4	8	12	6	7	13	2	5	7									
Boston Psychopathic	3	3	6	1	—	1	—	1	—	—	—	—	1	1	2	—	—	1	—	1	—									
Danvers	46	57	103	3	—	3	10	15	25	10	13	23	10	14	24	10	10	20	3	2	5									
Foxborough	10	7	17	—	1	1	2	1	3	1	1	2	6	2	8	—	—	2	—	—	—									
Gardner	11	111	122	—	1	1	3	10	13	4	33	37	4	18	22	—	28	28	—	19	19									
Grafton	4	21	25	1	1	2	1	—	1	1	4	5	—	9	9	—	3	3	1	3	4									
Medfield	15	34	49	—	2	2	4	8	12	3	8	11	3	7	10	3	8	11	1	1	2									
Metropolitan	15	26	41	2	—	2	3	3	6	2	7	9	5	9	14	2	4	6	1	2	3									
Northampton	23	53	76	1	2	3	4	7	11	10	12	22	5	15	20	3	12	15	—	2	2									
Taunton	29	33	62	2	3	5	8	5	13	5	5	10	7	9	16	4	3	7	—	8	8									
Westborough	44	50	94	—	1	1	11	6	17	13	12	25	4	14	18	10	13	23	5	4	9									
Worcester	50	79	129	1	—	1	9	13	22	16	16	32	15	13	28	6	21	27	3	12	15									
Monson	4	4	8	2	—	2	1	1	2	—	3	3	—	3	6	—	1	—	—	2	—									
McLean	7	9	16	—	—	—	1	2	2	1	2	3	3	3	—	—	1	1	—	—	—									
Bridgewater	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—									
Tewksbury	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—									
Vets'. Adm. Fac. No. 107	33	—	33	—	—	—	2	—	2	13	—	13	17	—	17	1	—	1	—	—	—									
Vets'. Adm. Fac. No. 95	28	—	28	—	—	—	4	—	4	13	—	13	8	—	8	3	—	3	—	—	—									
Total	350	522	872	16	13	29	68	75	143	98	126	224	92	122	214	50	113	163	19	58	77	7	12	19	—	2	2	—	1	1

TABLE 243. — *Present Age of All First Admissions Out (Visits, etc.) of Mental Hospitals September 30, 1935, by Hospital and Sex*

HOSPITALS	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	88	99	187	7	4	11	19	14	33	19	18	37	11	28	39	10	20	30	14	10	24	7	4	11	1	1	2	—	—	—
Boston Psychopathic	35	20	55	1	3	4	5	6	11	8	3	11	12	5	17	9	2	11	—	—	1	—	—	—	—	—	—	—	—	—
Danvers	125	130	255	4	4	8	30	30	60	32	21	53	24	29	53	19	31	50	13	7	20	3	—	8	11	—	—	—	—	—
Foxborough	39	35	74	1	1	2	11	8	19	6	12	18	9	3	12	6	6	12	5	2	7	1	2	3	—	—	—	—	—	—
Gardner	24	28	52	2	1	3	5	2	7	4	3	7	1	5	6	3	4	7	4	10	14	4	2	6	1	1	2	—	—	—
Grafton	5	4	9	1	1	2	1	1	2	1	1	2	2	1	3	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Medfield	31	53	84	3	5	8	6	13	19	7	21	28	2	5	7	8	4	12	3	1	4	2	4	6	—	—	—	—	—	—
Metropolitan	101	123	224	5	4	9	26	22	48	24	28	52	16	27	43	20	18	38	9	17	26	1	6	7	1	1	—	—	—	—
Northampton	57	72	129	13	11	24	13	11	24	9	13	22	13	22	35	8	12	20	8	6	14	1	3	4	—	—	—	—	—	—
Taunton	59	83	142	2	5	7	14	17	31	12	20	32	8	10	18	11	16	27	9	10	19	2	3	5	1	1	2	—	—	—
Westborough	134	143	277	11	5	16	32	27	59	20	29	49	24	25	49	19	28	47	17	23	40	8	5	13	3	1	4	—	—	—
Worcester	70	61	131	33	25	58	23	21	44	8	8	16	5	6	11	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—
Monson	8	10	18	1	1	2	2	4	6	—	2	2	3	1	4	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—
McLean	3	—	3	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	15	—	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vets' Adm. Fac. No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vets' Adm. Fac. No. 95	13	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	807	861	1,668	75	64	139	187	176	363	164	179	343	146	167	313	115	144	259	85	87	172	29	37	66	6	6	12	—	1	1

TABLE 250. — *Mental Disorders and Net Time in Institution during THIS Admission, FIRST AND READMISSIONS in Residence in Mental Hospitals on September 30, 1935, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	579	146	725	57	14	71	44	15	59	56	11	67	84	20	104	68	13	81	48	9	57
With other forms of syphilis	91	32	123	5	3	8	3	2	5	5	—	5	14	7	21	11	2	13	11	—	11
With epidemic encephalitis	63	38	101	2	3	5	3	—	3	2	3	3	8	2	10	5	5	10	6	5	11
With other infectious diseases	10	11	21	1	3	4	—	2	2	2	—	2	—	3	3	1	—	1	—	—	—
Alcoholic psychoses	1,147	192	1,339	67	14	81	36	8	44	55	12	67	100	9	109	68	9	77	93	12	105
Due to drugs, etc.	10	5	15	—	—	—	1	—	—	1	—	—	2	—	2	—	—	—	—	—	—
Traumatic psychoses	60	12	72	4	—	4	1	—	1	1	—	1	4	2	6	6	1	7	6	—	6
With cerebral arteriosclerosis	568	549	1,117	74	73	147	57	39	96	75	4	77	125	104	229	70	83	153	40	51	91
With other disturbances of circulation	18	19	37	2	4	6	2	—	2	2	2	4	6	2	8	—	—	3	1	1	2
With convulsive disorders (epilepsy)	480	464	944	17	15	32	14	14	28	21	18	39	39	28	67	36	19	55	30	23	53
Senile psychoses	236	378	614	22	44	66	19	24	43	33	39	72	43	58	101	22	41	63	20	25	45
Involuntary psychoses	162	336	498	9	34	43	6	20	26	15	27	42	31	45	76	14	24	38	20	24	44
Due to other metabolic diseases, etc.	35	57	92	4	7	11	6	2	8	1	3	4	3	9	12	5	10	15	—	—	—
Due to new growth	2	5	7	1	2	3	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	129	65	194	7	2	9	12	4	16	14	5	19	21	9	30	14	10	24	10	7	17
Psychoneuroses	56	103	159	11	27	38	6	18	24	4	6	10	8	5	13	5	6	11	4	8	12
Manic-depressive psychoses	746	1,132	1,878	76	123	199	44	64	108	63	75	138	91	112	203	65	87	152	63	99	162
Dementia praecox	6,093	5,988	12,081	136	161	297	161	160	321	193	207	400	346	346	692	338	289	627	354	342	696
Paranoia and paranoid conditions	177	410	587	5	31	36	6	21	27	13	25	38	16	37	53	19	29	48	29	30	59
With psychopathic personality	90	97	196	11	26	37	6	8	14	6	6	12	12	6	18	7	4	11	1	6	7
With mental deficiency	897	1,749	2,646	24	26	50	21	15	36	32	43	75	57	61	118	41	46	87	59	57	116
Undiagnosed psychoses	16	22	38	8	6	14	1	—	1	—	3	3	3	12	15	2	—	2	—	—	—
Without psychoses	594	529	1,123	44	43	87	22	14	36	1	29	52	50	44	94	41	32	73	49	37	86
Primary behavior disorders	3	1	4	2	1	3	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Total	12,271	11,443	23,714	590	646	1,236	472	431	903	625	560	1,185	1,063	921	1,984	838	713	1,551	844	741	1,585

TABLE 250. — *Mental Disorders and Net Time in Institution during THIS Admission, FIRST AND READMISSIONS in Residence in Mental Hospitals on September 30, 1935, by Sex — Concluded*

MENTAL DISORDERS	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	41	8	49	126	33	159	36	10	46	12	8	20	6	4	10	1	1	2	—	—	—
With other forms of syphilis	9	—	9	21	8	29	10	4	14	2	4	6	—	2	2	—	—	—	—	—	—
With epidemic encephalitis	8	3	11	20	15	35	9	2	11	1	—	1	—	1	1	—	—	—	—	—	—
With other infectious diseases	—	—	—	3	1	4	1	2	3	1	—	1	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	118	14	132	223	35	258	119	17	136	94	31	125	139	29	168	31	2	33	4	—	4
Due to drugs, etc.	1	1	2	1	1	2	1	1	2	—	—	—	2	2	4	—	—	—	—	—	—
Traumatic psychoses	7	—	7	12	1	14	8	1	9	2	1	3	—	4	1	—	—	—	—	—	—
With cerebral arteriosclerosis	36	41	77	65	83	148	22	17	39	3	4	7	1	6	7	1	1	1	—	—	—
With other disturbances of circulation	2	—	2	2	4	6	—	1	1	—	—	2	—	2	2	—	—	—	—	—	—
With convulsive disorders (epilepsy)	27	25	52	116	105	221	91	76	167	43	71	114	41	59	100	4	11	15	1	—	1
Semile psychoses	19	33	52	40	69	109	13	30	43	5	8	13	—	—	7	—	—	—	—	—	—
Involuntary psychoses	28	27	55	27	66	93	8	34	42	2	18	20	2	15	17	—	2	2	—	—	—
Due to other metabolic diseases, etc.	3	5	8	8	8	16	3	5	8	1	3	4	—	—	—	1	—	1	—	—	—
Due to new growth	—	—	—	—	—	—	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	8	7	15	32	10	42	9	5	14	1	3	4	1	2	3	—	1	1	—	—	—
Psychoneuroses	2	7	9	12	19	31	3	3	4	1	2	3	—	1	1	—	—	—	—	—	—
Manic-depressive psychoses	69	90	159	137	212	349	72	129	201	28	56	84	30	66	96	5	18	23	3	1	4
Dementia praecox	669	634	1,303	1,169	1,135	2,304	1,003	887	1,890	608	756	1,361	773	773	1,546	315	267	582	31	31	62
Paranoia and paranoid conditions	16	38	54	32	79	111	22	58	80	8	26	34	8	28	36	2	8	10	1	—	1
With psychopathic personality	17	6	13	20	25	45	20	16	36	3	4	7	5	6	11	1	—	—	—	—	—
With mental deficiency	130	114	244	183	178	361	119	102	221	106	107	213	80	79	159	41	20	61	4	4	8
Undiagnosed psychoses	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	—	—	—	127	121	248	91	72	163	38	37	75	46	60	106	13	12	25	—	1	1
Primary behavior disorders	44	33	77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,244	1,086	2,330	2,376	2,210	4,586	1,662	1,474	3,136	957	1,141	2,098	1,141	1,140	2,281	415	343	758	44	37	81

TABLE 251. — *Mental Disorders and Net Time in Institution during THIS Admission, ALL FIRST ADMISSIONS in Residence in Mental Hospitals on September 30, 1935, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	351	104	455	46	10	56	26	12	38	29	9	38	65	15	80	39	10	49	23	7	30
With other forms of syphilis	61	19	80	4	2	6	2	1	3	2	—	2	10	4	14	6	2	8	7	—	7
With epidemic encephalitis	41	26	67	2	2	4	2	—	2	—	2	2	5	1	6	2	5	7	4	2	6
With other infectious diseases	6	8	14	1	3	4	—	—	2	1	—	1	—	2	2	—	—	—	—	—	—
Alcoholic psychoses	681	89	770	48	8	56	21	6	27	37	8	45	74	4	78	48	6	54	43	9	52
Due to drugs, etc.	6	2	8	1	—	1	—	—	1	1	—	—	2	—	2	—	—	—	—	—	—
Traumatic psychoses	36	10	46	2	—	2	1	—	1	1	3	4	4	2	6	5	1	6	4	—	4
With cerebral arteriosclerosis	482	472	954	69	64	133	50	38	88	66	43	109	103	86	189	62	73	135	33	43	76
With other disturbances of circulation	16	16	32	1	3	4	2	—	2	2	2	4	5	2	7	—	3	3	1	—	1
With convulsive disorders (epilepsy)	292	300	592	10	10	20	12	13	25	16	13	29	20	23	43	27	12	39	15	20	35
Senile psychoses	206	324	530	21	38	59	18	21	39	28	35	63	34	40	83	22	37	59	20	17	37
Involutional psychoses	113	239	352	6	33	39	3	15	18	10	17	27	23	34	57	9	15	24	15	18	33
Due to other metabolic diseases, etc.	26	41	67	3	6	9	4	2	6	—	2	2	5	7	10	5	7	12	—	5	5
Due to new growth	1	3	4	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	92	37	129	7	2	9	10	2	12	10	1	11	17	7	24	11	6	17	5	3	8
Manic-depressive psychoses	38	69	107	9	21	30	5	14	19	2	6	8	5	2	7	4	3	7	1	5	6
Dementia praecox	344	492	836	37	56	93	21	33	54	28	38	66	54	51	105	28	42	70	33	47	80
Paranoia and paranoid conditions	2,508	2,318	4,826	86	97	183	71	92	163	121	69	190	178	154	332	162	161	323	131	135	266
With psychopathic personality	104	251	355	4	13	17	6	16	22	7	12	19	10	25	35	15	22	37	12	22	34
With mental deficiency	56	59	115	9	5	14	3	4	7	4	4	8	8	3	11	5	4	9	—	2	2
With mental deficiency	465	411	876	17	13	30	13	10	23	17	15	32	48	39	87	31	28	59	25	28	53
Undiagnosed psychoses	7	8	15	4	5	9	1	—	2	—	2	2	—	—	—	2	—	2	—	—	—
Without psychoses	464	412	876	34	31	65	18	10	28	24	15	39	41	40	81	36	27	63	41	32	73
Primary behavior disorders	2	1	3	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	6,398	5,711	12,109	424	425	849	289	292	581	406	296	702	709	550	1,259	519	464	983	413	395	808

TABLE 251. — *Mental Disorders and Net Time in Institution during THIS Admission, ALL FIRST ADMISSIONS in Residence in Mental Hospitals on September 30, 1935, by Sex — Concluded*

MENTAL DISORDERS	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	20	3	23	68	24	92	27	7	34	4	4	8	3	3	6	1	—	1	—	—	—
With other forms of syphilis	6	—	6	15	3	18	9	3	12	—	—	3	—	1	1	—	—	—	—	—	—
With epidemic encephalitis	6	2	8	13	11	24	7	1	8	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	3	1	4	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	51	1	52	146	13	159	74	11	85	39	8	47	78	13	91	21	2	23	1	—	1
Due to drugs, etc.	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	2	—	2	8	2	10	6	1	7	1	—	—	2	—	—	1	—	—	—	—	—
With cerebral arteriosclerosis	27	31	58	50	71	121	18	15	33	3	3	6	1	4	5	—	1	1	—	—	—
With other disturbances of circulation	2	—	2	2	4	6	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	18	15	33	74	81	155	61	46	107	23	36	59	15	23	38	—	8	8	1	—	1
Senile psychoses	13	32	45	32	59	91	13	26	39	5	8	13	1	2	2	—	2	2	—	—	—
Involuntary psychoses	16	21	37	20	49	69	7	24	31	2	7	9	2	4	6	—	2	2	—	—	—
Due to other metabolic diseases, etc.	1	2	3	7	4	11	2	5	7	1	1	2	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	3	2	5	21	7	28	7	3	10	—	2	2	1	1	2	—	1	1	—	—	—
Psychoneuroses	2	4	6	8	13	21	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	26	33	59	69	117	186	29	44	73	8	11	19	10	18	28	1	2	3	—	—	—
Dementia praecox	129	128	257	478	534	1,012	421	389	810	261	226	487	333	250	583	128	68	196	9	15	24
Paranoia and paranoid conditions	6	14	20	24	62	86	18	33	51	—	11	11	1	17	18	—	4	4	1	—	1
With psychopathic personality	3	4	7	9	15	24	10	10	20	1	3	4	4	5	9	—	—	—	—	—	—
With mental deficiency	34	42	76	114	98	212	58	58	116	52	38	90	37	34	71	19	8	27	—	—	—
Undiagnosed psychoses	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	39	26	65	102	95	197	67	50	117	25	28	53	29	48	77	8	9	17	—	1	1
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	404	360	764	1,264	1,265	2,529	836	729	1,565	426	390	816	517	424	941	179	105	284	12	16	28

TABLE 252. — *Mental Disorders and Net Time in Institution during THIS Admission, ALL READMITTED Cases in Residence in Mental Hospitals on September 30, 1935, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	228	42	270	11	4	15	18	3	21	27	2	29	19	5	24	29	3	32	25	2	27
With other forms of syphilis	30	13	43	1	1	2	1	1	2	3	1	3	4	3	7	5	—	5	4	—	4
With epidemic encephalitis	22	12	34	—	—	—	1	—	1	—	—	—	3	1	4	3	—	3	2	3	5
With other infectious diseases	4	3	7	—	—	—	—	—	—	1	—	1	—	—	1	1	—	1	—	—	—
Alcoholic psychoses	466	103	569	19	6	25	15	2	17	18	4	22	26	5	31	20	3	23	50	3	53
Due to drugs, etc.	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	24	2	26	2	—	2	2	—	2	3	—	3	—	—	—	1	—	1	2	—	2
With cerebral arteriosclerosis	86	77	163	5	9	14	7	1	8	9	4	13	22	18	40	8	10	18	7	8	15
With other disturbances of circulation	2	3	5	1	1	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
With convulsive disorders (epilepsy)	188	164	352	7	5	12	2	1	3	5	5	10	19	5	24	9	7	16	15	3	18
Senile psychoses	30	54	84	1	6	7	1	3	4	5	4	9	9	9	18	—	4	4	—	—	8
Involuntary psychoses	49	97	146	3	1	4	3	5	8	5	10	15	8	11	19	5	9	14	5	6	11
Due to other metabolic diseases, etc.	9	16	25	1	1	2	2	—	2	1	1	2	—	2	2	—	—	3	—	—	—
Due to new growth	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	37	28	65	—	—	—	—	2	4	4	2	2	—	—	—	—	—	—	—	—	—
Psychoneuroses	18	34	52	2	6	8	1	4	5	4	4	8	4	2	6	3	4	7	5	4	9
Manic-depressive psychoses	402	640	1,042	39	67	106	23	31	54	35	37	72	37	61	98	37	45	82	30	52	82
Dementia praecox	3,585	3,670	7,255	50	64	114	90	68	158	72	138	210	168	192	360	176	128	304	223	207	430
Paranoia and paranoid conditions	73	159	232	1	18	19	—	5	5	6	13	19	6	12	18	4	7	11	17	8	25
With psychopathic personality	43	38	81	2	5	7	3	4	7	2	2	4	4	3	7	2	—	2	1	4	5
With mental deficiency	432	441	873	7	13	20	8	5	13	15	28	43	9	22	31	10	18	28	34	29	63
Undiagnosed psychoses	9	14	23	4	1	5	—	—	—	—	1	1	3	12	15	—	—	—	—	—	—
Without psychoses	130	117	247	10	12	22	4	4	8	5	8	13	9	4	13	5	5	10	8	5	13
Primary behavior disorders	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Total	5,873	5,732	11,605	166	221	387	183	139	322	219	264	483	354	371	725	319	249	568	431	346	777

TABLE 253. — *Mental Disorders and Net Time in Institutions during PREVIOUS Admissions, All Readmitted Cases in Residence in Mental Hospitals on September 30, 1935, by Sex*

MENTAL DISORDERS	TOTAL			UNDER 2 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	228	42	270	39	9	48	59	8	67	42	4	46	32	8	40	23	2	25	10	3	13
With other forms of syphilis	30	13	43	2	3	5	6	2	8	5	3	8	4	—	4	6	—	6	2	—	2
With epidemic encephalitis	22	12	34	7	2	9	2	4	6	3	3	4	2	1	3	1	1	2	1	1	2
With other infectious diseases	4	3	7	2	2	4	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—
Alcoholic psychoses	466	103	569	60	10	70	54	6	60	57	16	73	69	12	81	50	12	62	32	10	42
Due to drugs, etc.	4	3	7	1	—	1	—	—	—	1	1	2	4	1	—	1	1	2	—	—	—
Traumatic psychoses	24	2	26	3	—	3	6	—	6	4	4	4	4	1	5	2	—	2	3	—	3
With cerebral arteriosclerosis	8	7	15	12	12	24	22	13	35	12	11	23	14	16	30	5	8	13	3	3	6
With other disturbances of circulation	2	3	5	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	188	164	352	36	34	70	27	16	43	28	22	50	20	23	43	20	16	36	11	14	25
Senile psychoses	30	54	84	1	15	16	3	12	15	8	2	10	8	10	18	5	2	7	1	2	3
Involuntary psychoses	49	97	146	6	18	24	7	18	25	10	16	26	15	11	26	3	15	18	4	2	6
Due to other metabolic diseases, etc.	9	16	25	3	2	5	2	2	2	2	3	5	—	7	7	—	2	2	—	—	—
Due to new growth	1	2	3	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
With organic changes of nervous system	37	28	65	6	5	11	5	2	7	9	5	14	—	4	2	6	3	2	—	—	—
Psychoneuroses	18	34	52	3	5	8	6	4	10	1	10	11	4	4	1	4	4	5	3	3	6
Manic-depressive psychoses	402	640	1,042	50	68	118	57	84	141	68	101	169	72	104	176	41	52	93	26	41	67
Dementia praecox	3,585	3,670	7,255	295	302	597	289	251	540	419	385	804	550	519	1,069	368	350	718	289	253	542
Paranoia and paranoid conditions	73	159	232	14	25	39	7	18	25	8	24	32	7	25	32	6	12	18	6	8	14
With psychopathic personality	43	38	81	5	1	6	6	1	7	3	6	9	12	8	20	6	1	7	3	4	7
With mental deficiency	432	441	873	26	27	53	23	24	47	45	39	84	56	61	117	37	37	74	33	33	66
Undiagnosed psychoses	9	14	23	3	—	3	—	2	2	1	1	2	17	17	34	2	1	22	7	4	11
Without psychoses	130	117	247	23	21	44	8	11	19	21	15	36	—	—	—	—	—	—	—	—	—
Primary behavior disorders	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Total	5,873	5,732	11,605	597	562	1,159	589	478	1,067	747	666	1,413	894	828	1,722	590	530	1,120	435	387	822

TABLE 253. — *Mental Disorders and Net Time in Institutions during PREVIOUS Admissions, All Readmitted Cases in Residence in Mental Hospitals on September 30, 1935, by Sex — Concluded*

MENTAL DISORDERS	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	8	1	9	11	4	15	3	3	6	1	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis	2	—	2	3	2	5	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	1	—	1	4	2	6	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	22	7	29	70	18	88	25	8	33	13	3	16	11	1	12	3	—	3	—	—	—
Due to drugs, etc.	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	4	4	8	7	—	13	5	1	6	1	—	—	—	2	2	1	1	2	—	—	—
With other disturbances of circulation	13	14	27	17	15	32	9	6	15	5	2	7	—	—	1	—	—	—	—	—	—
With convulsive disorders (epilepsy)	2	4	6	—	6	6	1	—	1	—	1	1	1	1	1	—	—	—	—	1	1
Senile psychoses	1	2	3	2	10	12	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—
Involuntal psychoses	—	1	1	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	3	2	5	3	4	7	1	1	2	—	2	2	—	—	—	—	—	—	—	—	—
Psychoneuroses	—	1	1	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	17	33	50	46	92	138	18	45	63	5	11	16	1	7	8	1	2	3	—	—	—
Dementia praecox	238	240	478	641	705	1,346	248	340	588	134	196	330	89	108	197	20	19	39	5	2	7
Paranoia and paranoid conditions	5	8	13	12	30	42	4	9	1	2	4	6	1	1	2	—	—	—	—	—	—
With psychopathic personality	1	4	5	11	16	27	1	—	—	—	—	—	—	2	2	—	—	—	—	—	—
With mental deficiency	29	31	60	68	74	142	44	54	98	25	28	53	38	23	61	8	10	18	—	—	—
Undiagnosed psychoses	1	1	2	3	5	9	2	2	2	3	1	1	1	1	1	—	—	—	—	—	—
Without psychoses	9	8	17	22	15	37	8	10	18	3	1	4	1	4	5	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	356	361	717	922	1,003	1,925	371	481	852	190	250	440	142	151	293	35	32	67	5	3	8

TABLE 254. — *Color in Cases in Residence in Mental Hospitals on September 30, 1935, by Mental Disorders and Sex*

MENTAL DISORDERS	TOTAL			WHITE			BLACK ¹			MULATTO ²			YELLOW ³			OTHERS ⁴		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	579	146	725	552	141	693	16	3	19	8	2	10	—	—	—	—	—	—
With other forms of syphilis	91	32	123	80	31	111	6	1	7	3	—	3	—	1	—	—	3	—
With epidemic encephalitis	63	38	101	62	37	99	1	1	2	—	—	—	—	—	—	—	—	—
With other infectious diseases	10	11	21	9	11	20	1	—	1	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	1,147	192	1,339	1,121	181	1,302	20	11	31	4	—	4	—	—	—	2	—	2
Due to drugs, etc.	10	5	15	10	5	15	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	60	12	72	59	12	71	1	—	1	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	568	549	1,117	551	530	1,081	14	19	33	1	—	1	—	1	—	—	—	—
With other disturbances of circulation	18	19	37	18	19	37	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	480	464	944	471	457	928	7	4	11	2	2	4	—	—	—	—	—	—
Senile psychoses	236	378	614	232	370	602	2	5	7	—	3	3	—	—	—	—	1	—
Involuntary psychoses	162	336	498	161	334	495	—	—	—	—	1	1	2	—	—	—	—	—
Due to other metabolic diseases, etc.	35	57	92	35	55	90	—	1	1	—	—	—	—	—	—	—	1	1
Due to new growth	2	5	7	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	129	65	194	128	64	192	1	1	2	—	—	—	—	—	—	—	—	—
Psychoneuroses	56	103	159	56	103	159	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses.	746	1,132	1,878	729	1,108	1,837	8	20	28	3	4	7	—	2	—	4	—	4
Dementia praecox	6,093	5,988	12,081	5,911	5,849	11,760	123	98	221	28	33	61	16	16	—	15	8	23
Paranoia and paranoid conditions	177	410	587	173	401	574	4	8	12	—	—	—	—	—	—	1	1	1
With psychopathic personality	99	97	196	95	94	189	4	2	6	—	1	3	4	—	—	—	—	—
With mental deficiency	897	852	1,749	877	830	1,707	17	17	34	1	3	4	—	1	—	2	1	3
Undiagnosed psychoses	16	22	38	15	22	37	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	594	529	1,123	578	520	1,098	11	6	17	3	3	6	—	1	—	2	—	2
Primary behavior disorders	3	1	4	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
Total	12,271	11,443	23,714	11,928	11,179	23,107	236	198	434	54	52	106	23	1	24	30	13	43

¹Includes African black.²Includes African part black or mulatto (African).³Includes Chinese and Japanese.⁴Includes Portuguese and all others.

TABLE 255. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1935 and All Cases in Residence and All Cases Out of Institutions on September 30, 1935, by Status of Admission and Sex*

MENTAL DISORDERS	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	219	62	281	39	4	43	71	29	100	37	6	43	90	30	120	30	2	32
With other forms of syphilis	19	9	28	5	2	7	8	4	12	6	2	5	7	4	11	2	—	2
With epidemic encephalitis	8	6	14	4	2	6	6	3	9	4	1	5	1	—	1	1	1	2
With other infectious diseases	19	14	33	2	—	2	7	9	16	4	—	4	8	3	11	—	—	—
Alcoholic psychoses	426	77	503	129	19	148	342	54	396	118	25	143	63	13	76	24	9	33
Due to drugs, etc.	18	20	38	3	3	6	16	19	35	3	5	8	—	1	1	1	—	1
Traumatic psychoses	18	7	25	8	—	8	15	2	17	3	—	3	3	—	3	—	—	—
With cerebral arteriosclerosis	484	327	811	26	23	49	112	69	181	14	10	24	326	257	583	17	25	42
With other disturbances of circulation	22	24	46	2	1	3	6	6	12	1	—	1	15	14	29	—	1	1
With convulsive disorders (epilepsy)	70	65	135	32	21	53	37	30	67	28	6	34	18	26	44	11	10	21
Senile psychoses	121	183	304	6	17	23	25	29	54	4	4	8	71	152	223	4	14	18
Involuntary psychoses	48	112	160	11	8	19	25	56	81	5	7	12	15	23	38	3	1	4
Due to other metabolic diseases, etc.	30	49	79	3	4	7	14	28	42	2	4	6	19	30	49	—	3	3
Due to new growth	7	3	10	1	1	2	3	1	4	—	1	1	5	—	5	1	—	1
With organic changes of nervous system	47	33	80	5	9	14	10	23	33	4	6	10	18	15	33	2	3	5
Psychoneuroses	103	139	242	24	23	47	99	106	205	31	23	54	3	2	5	1	—	1
Manic-depressive psychoses	247	348	595	175	228	403	188	267	455	135	193	328	36	26	62	25	45	70
Dementia praecox	517	545	1,062	206	182	388	292	305	597	175	124	299	69	73	142	80	123	203
Paranoia and paranoid conditions	36	70	106	6	27	33	25	33	58	8	19	27	3	11	14	—	8	8
With psychopathic personality	47	41	88	17	20	37	34	28	62	20	18	38	4	—	4	1	—	1
With mental deficiency	73	67	140	22	25	47	30	27	57	25	14	39	13	10	23	14	16	30
Undiagnosed psychoses	70	78	148	24	17	41	60	65	125	20	20	40	2	1	3	—	—	—
Without psychoses	504	254	758	185	111	296	455	220	675	195	97	292	38	20	58	12	9	21
Primary behavior disorders	51	28	79	6	8	14	49	29	78	7	9	16	—	—	—	—	—	—
Total	3,204	2,561	5,765	941	755	1,696	1,929	1,442	3,371	849	594	1,443	827	711	1,538	229	270	499

NOTE: — Admissions and discharges do not include transfers.

TABLE 255. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1935, and All Cases in Residence and All Cases Out of Institutions on September 30, 1935, by Status of Admission and Sex — Concluded*

	MENTAL DISORDERS			RESIDENT POPULATION						CASES OUT OF INSTITUTION					
				FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	.	.	.	351	104	455	228	42	270	56	19	75	15	2	17
With other forms of syphilis	.	.	.	61	19	80	30	13	43	7	4	11	—	4	4
With epidemic encephalitis	.	.	.	41	26	67	22	12	34	5	—	5	1	1	2
With other infectious diseases	.	.	.	6	8	14	4	3	7	5	4	9	—	—	—
Alcoholic psychoses	.	.	.	681	89	770	466	103	569	123	16	139	34	8	42
Due to drugs, etc.	.	.	.	6	2	8	4	3	7	1	7	8	2	1	3
Traumatic psychoses	.	.	.	36	10	46	24	2	26	9	1	10	1	—	1
With cerebral arteriosclerosis	.	.	.	482	472	954	86	77	163	61	56	117	5	17	22
With other disturbances of circulation	.	.	.	16	16	32	2	3	5	1	8	9	—	3	3
With convulsive disorders (epilepsy)	.	.	.	292	300	592	188	164	352	46	34	80	2	8	10
Senile psychoses	.	.	.	206	324	530	30	54	84	10	26	36	2	8	10
Involuntional psychoses	.	.	.	113	239	352	49	97	146	22	56	78	7	11	18
Due to other metabolic diseases, etc.	.	.	.	26	41	67	9	16	25	7	13	20	—	3	3
Due to new growth	.	.	.	1	3	4	1	2	3	—	—	—	—	—	—
With organic changes of nervous system	.	.	.	92	37	129	37	28	65	6	13	19	3	7	10
Psychoneuroses	.	.	.	38	69	107	18	34	52	14	32	46	6	15	21
Manic-depressive psychoses	.	.	.	344	492	836	402	640	1,042	107	155	262	101	156	257
Dementia praecox	.	.	.	2,508	2,318	4,826	3,585	3,670	7,255	220	289	509	142	199	341
Paranoia and paranoid conditions	.	.	.	104	251	355	73	159	232	12	34	46	6	12	18
With psychopathic personality	.	.	.	56	59	115	43	38	81	17	12	29	4	8	12
With mental deficiency	.	.	.	465	411	876	432	441	873	29	37	66	12	37	49
Undiagnosed psychoses	.	.	.	7	8	15	9	14	23	3	2	5	—	8	8
Without psychoses	.	.	.	464	412	876	130	117	247	45	43	88	7	14	21
Primary behavior disorders	.	.	.	2	1	3	1	—	1	1	—	1	—	—	—
Total	.	.	.	6,398	5,711	12,109	5,873	5,732	11,605	807	861	1,668	350	522	872

TABLE 256. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1935, All Cases in Residence and All Cases Out on September 30, 1935, by Status of Admission and Sex*

	MENTAL DISORDERS	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
		FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
I.	<i>Psychoses Due to or Associated with Infection:</i> —																		
	Syphilis of the Central Nervous System: . . .	265	91	356	50	8	58	92	45	137	51	9	60	106	37	143	33	3	36
	Meningo-encephalitic type (general paresis) . . .	219	62	281	39	4	43	71	29	100	37	6	43	90	30	120	30	2	32
	Meningo-vascular type (cerebral syphilis) . . .	12	6	18	5	2	7	7	1	8	6	2	8	4	2	6	2	—	2
	With intracranial gumma . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other types . . .	7	3	10	—	—	—	1	3	4	—	—	—	—	—	—	—	—	—
	With epidemic encephalitis . . .	8	6	14	4	2	6	6	3	9	4	1	5	1	—	1	1	1	2
	With tuberculous meningitis . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	With meningitis (unspecified) . . .	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
	With acute chorea (Sydenham's) . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	With other infectious disease . . .	15	10	25	2	—	2	—	4	8	4	—	—	—	2	10	—	—	—
	Post-infectious psychoses . . .	3	4	7	—	—	—	1	5	6	—	—	—	—	1	1	—	—	—
	<i>Psychoses Due to Intoxication:</i> —	444	97	541	132	22	154	358	73	431	121	30	151	63	14	77	25	9	34
	Due to Alcohol: . . .																		
	Pathological intoxication . . .	36	8	44	8	2	10	48	7	55	14	—	15	1	—	1	—	—	—
	Delirium tremens . . .	105	9	114	28	2	30	90	5	95	26	2	28	9	3	12	2	—	2
	Korsakow's psychosis . . .	43	10	53	8	—	8	16	7	23	4	1	5	18	6	24	2	1	3
	Acute hallucinosis . . .	122	23	145	40	6	46	114	17	131	31	9	40	7	—	7	1	—	1
	Other types . . .	120	27	147	45	9	54	74	18	92	43	12	55	28	4	32	19	8	27
	Due to Drugs or Other Exogenous Poisons: . . .																		
	Due to metals . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Due to gases . . .	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1
	Due to opium and derivatives . . .	3	—	3	—	—	—	2	—	2	—	—	—	—	1	1	—	—	—
	Due to other drugs . . .	14	20	34	3	3	6	13	19	32	3	5	8	—	—	3	—	—	—
	<i>Psychoses Due to Trauma:</i> —	18	7	25	8	—	8	15	2	17	3	—	3	3	—	—	—	—	—
	Traumatic delirium . . .	8	1	9	—	—	—	8	1	9	—	—	—	—	—	—	—	—	—
	Post-traumatic personality disorders . . .	4	2	6	3	—	3	—	—	4	2	—	2	1	—	1	—	—	—
	Post-traumatic mental deterioration . . .	5	2	7	5	—	5	4	—	4	—	—	—	—	—	—	—	—	—
	Other types . . .	1	2	3	—	—	—	1	1	2	1	—	1	1	—	1	—	—	—
	<i>Psychoses Due to Disturbances of Circulation:</i> —	506	351	857	28	24	52	118	75	193	15	10	25	341	271	612	17	26	43
	With cerebral arteriosclerosis . . .	484	327	811	26	23	49	112	69	181	14	10	24	326	257	583	17	25	42
	With cerebral embolism . . .	1	2	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
	With cardio-renal disease . . .	17	13	30	2	—	2	3	4	7	1	—	1	15	11	26	—	1	1
	Other types . . .	4	9	13	—	—	—	—	3	2	5	—	—	—	3	3	—	—	—
	<i>Psychoses Due to Convulsive Disorders (Epilepsy):</i> —	70	65	135	32	21	53	37	30	67	28	6	34	18	26	44	11	10	21
	Epileptic deterioration . . .	40	46	86	18	13	31	23	14	37	16	1	17	16	25	41	9	10	19
	Epileptic clouded states . . .	22	10	32	8	6	14	10	8	18	7	3	10	2	1	3	2	—	2
	Other epileptic types . . .	8	9	17	6	2	8	4	8	12	5	2	7	—	—	—	—	—	—

TABLE 256. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1935, All Cases in Residence and All Cases Out on September 30, 1935, by Status of Admission and Sex — Continued*

	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
VI. <i>Psychoses Due to Disturbances of Metabolism, Growth, Nutrition, or Endocrine Function:—</i>	199	344	543	20	29	49	64	113	177	11	15	26	105	205	310	7	18	25
Senile psychoses:																		
Simple deterioration	72	97	169	3	4	7	14	11	25	—	1	1	42	90	132	2	4	6
Presbyophrenic type	12	13	25	1	1	2	3	1	4	1	1	2	7	10	17	—	2	2
Delirious and confused types	4	20	24	1	—	1	1	2	3	1	—	1	2	14	16	—	1	1
Depressed and agitated types	11	10	21	—	5	5	1	6	7	—	1	1	3	14	17	2	3	5
Paranoid types	22	43	65	1	7	8	6	9	15	2	1	3	17	24	41	—	4	4
Involuntional psychoses:																		
Melancholia	39	81	120	8	6	14	24	48	72	4	6	10	15	17	32	3	1	4
Paranoid types	2	19	21	—	2	2	—	4	4	—	—	—	—	3	3	—	—	—
Other types	7	12	19	3	—	3	1	4	5	1	—	1	—	3	3	—	—	—
With diseases of the endocrine glands																		
Exhaustion delirium	1	3	4	—	—	—	2	5	7	—	—	1	—	1	1	—	—	—
Alzheimer's disease	1	2	3	—	—	—	2	4	6	—	—	—	—	—	—	—	—	—
With pellagra	4	1	5	1	—	—	—	—	—	—	—	—	—	4	4	—	—	—
With other somatic diseases	24	41	65	2	4	6	10	19	29	2	3	5	16	23	39	—	3	3
VII. <i>Psychoses Due to New Growth:—</i>	7	3	10	1	1	2	3	1	4	—	—	1	5	—	5	—	1	1
With intracranial neoplasms	5	1	6	—	1	1	2	2	1	—	—	—	—	—	5	—	—	—
With other neoplasms	2	2	4	1	—	1	1	—	—	—	1	1	—	—	—	1	—	1
VIII. <i>Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:—</i>	47	33	80	5	9	14	10	23	33	4	6	10	18	15	33	2	3	5
With multiple sclerosis	2	1	3	—	3	3	—	2	1	1	1	2	2	4	6	—	—	—
With paralytic agitans	4	4	8	—	—	—	1	3	4	—	—	—	2	2	4	—	—	—
With Huntington's chorea	3	4	7	2	—	2	1	—	1	1	—	1	1	3	4	—	2	2
With other brain or nervous diseases	38	24	62	3	6	9	8	18	26	2	5	7	13	6	19	2	1	3
IX. <i>Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:—</i>	1,023	1,210	2,233	450	505	955	668	766	1,434	394	391	785	128	122	250	121	192	313
Psychoneuroses:																		
Anxiety hysteria	2	14	16	—	3	3	1	7	8	2	2	4	—	—	—	—	—	—
Conversion hysteria:																		
Anesthetic type	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic type	2	1	3	—	1	1	1	—	—	—	1	—	—	—	—	—	—	—
Hyperkinetic type	2	4	6	—	2	2	2	2	4	—	2	2	—	—	—	—	—	—
Paresthetic type	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Autonomic type	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Amnesic type	3	2	5	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
Mixed hysterical psychoneurosis	5	14	19	1	—	1	3	2	5	1	1	2	—	1	1	—	—	—

TABLE 256. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1935, All Cases in Residence and All Cases Out on September 30, 1935, by Status of Admission and Sex* — Continued

MENTAL DISORDERS	ALL ADMISSIONS						ALL DISCHARGES						ALL DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Epilepsy and mental deficiency:																		
Idiot	24	19	43	3	4	7	2	1	3	—	—	—	16	11	27	5	2	7
Imbecile	16	17	33	32	8	40	8	2	10	—	—	—	16	2	18	3	4	7
Moron	12	12	24	1	7	8	8	12	20	—	—	—	3	5	8	1	2	3
Other non-psychotic diseases or conditions:	89	60	149	6	21	27	88	61	149	38	18	56	2	1	3	—	1	1
No other condition	48	26	74	17	9	26	45	26	71	17	7	24	—	1	1	—	—	—
Primary behavior disorders:—	51	28	79	6	8	14	49	29	78	7	9	16	—	—	—	—	—	—
Simple adult maladjustment	24	14	38	2	4	6	23	13	36	3	5	8	—	—	—	—	—	—
Primary behavior disorders in children:																		
Habit disturbance	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Conduct disturbance	26	14	40	4	4	8	25	16	41	4	4	8	—	—	—	—	—	—
Neurotic traits	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIII. Grand Total	3,204	2,561	5,765	941	755	1,696	1,929	1,442	3,371	849	594	1,443	827	711	1,538	229	270	499

NOTE: — Admissions and discharges do not include transfers.

TABLE 256. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1935, All Cases in Residence and All Cases Out on September 30, 1935, by Status of Admission and Sex* — Continued

	MENTAL DISORDERS	RESIDENT POPULATION						PATIENTS OUT ON VISIT, ETC.					
		FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
I.	<i>Psychoses Due to or Associated with Infection:—</i>												
	Syphilis of the Central Nervous System	459	157	616	284	70	354	73	27	100	16	7	23
	Meningo-encephalitic type (general paresis)	351	104	455	228	42	270	56	19	75	15	2	17
	Meningo-vascular type (cerebral syphilis)	46	12	58	22	11	33	6	3	9	—	4	4
	With intracranial gumma	3	—	3	1	1	2	—	—	—	—	—	—
	Other types	12	7	19	7	1	8	1	1	2	—	—	—
	With epidemic encephalitis	41	26	67	22	12	34	5	1	5	1	1	2
	With tuberculous meningitis	1	—	1	—	—	—	1	—	1	—	—	—
	With meningitis (unspecified)	—	—	—	—	—	—	—	—	—	—	—	—
	With acute chorea (Sydenham's)	2	7	9	3	1	4	4	2	6	—	—	—
	With other infectious disease	3	1	4	1	2	3	—	2	2	—	—	—
	Post-infectious psychoses	687	91	778	470	106	576	124	23	147	36	9	45
III.	<i>Psychoses Due to Intoxication:—</i>												
	Due to Alcohol:												
	Pathological intoxication	33	2	35	8	4	12	7	1	8	1	1	2
	Delirium tremens	16	1	17	3	—	3	14	1	15	4	—	4
	Korsakow's psychosis	74	16	90	28	8	36	7	1	8	1	2	3
	Acute hallucinosis	100	9	109	31	1	32	41	6	47	11	1	12
	Other types	458	61	519	396	90	486	54	7	61	17	4	21
	Due to Drugs or Other Exogenous Poisons:												
	Due to metals	—	1	1	—	—	—	1	1	2	—	—	—
	Due to gases	2	—	2	—	—	—	—	—	—	—	—	—
	Due to opium and derivatives	1	1	2	2	1	3	—	6	—	1	1	2
	Due to other drugs	3	—	3	2	2	4	—	—	—	1	—	—
III.	<i>Psychoses Due to Trauma:—</i>												
	Traumatic delirium	36	10	46	24	2	26	9	1	10	1	—	1
	Post-traumatic personality disorders	7	1	8	—	1	1	5	—	5	—	—	—
	Post-traumatic mental deterioration	10	4	14	5	5	1	1	1	1	1	—	1
	Other types	19	5	24	18	1	19	2	1	3	—	—	—
IV.	<i>Psychoses Due to Disturbances of Circulation:—</i>												
	With cerebral arteriosclerosis	498	488	986	88	80	168	62	64	126	5	20	25
	With cerebral embolism	482	472	954	86	77	163	61	56	117	5	17	22
	With cardio-renal disease	4	4	8	—	2	2	—	—	—	—	—	—
	Other types	6	1	7	—	1	1	1	4	4	—	3	3

V.	<i>Psychoses Due to Convulsive Disorders (Epilepsy):</i> —	.	.	.	.	.	.	.	.
	Epileptic deterioration	.	.	.	.	.	.	.	.
	Epileptic clouded states	.	.	.	.	.	.	.	.
	Other epileptic types	.	.	.	.	.	.	.	.
	<i>Psychoses Due to Disturbances of Metabolism, Growth, Nutrition or Endocrine Function:</i>	.	.	.	.	.	.	.	.
	Senile psychoses:	.	.	.	.	.	.	.	.
	Simple deterioration	.	.	.	.	.	.	.	.
	Presbyophrenic type	.	.	.	.	.	.	.	.
	Delirious and confused types	.	.	.	.	.	.	.	.
	Depressed and agitated types	.	.	.	.	.	.	.	.
	Paranoid types	.	.	.	.	.	.	.	.
	Involuntional psychoses:	.	.	.	.	.	.	.	.
	Melancholia	.	.	.	.	.	.	.	.
	Paranoid types	.	.	.	.	.	.	.	.
	Other types	.	.	.	.	.	.	.	.
	With diseases of the endocrine glands	.	.	.	.	.	.	.	.
	Exhaustion delirium	.	.	.	.	.	.	.	.
	Alzheimer's disease	.	.	.	.	.	.	.	.
	With pellagra	.	.	.	.	.	.	.	.
	With other somatic diseases	.	.	.	.	.	.	.	.
	<i>Psychoses Due to New Growth:</i> —	.	.	.	.	.	.	.	.
	With intracranial neoplasms	.	.	.	.	.	.	.	.
	With other neoplasms	.	.	.	.	.	.	.	.
	<i>Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:</i>	.	.	.	.	.	.	.	.
	With multiple sclerosis	.	.	.	.	.	.	.	.
	With paralysis agitans	.	.	.	.	.	.	.	.
	With Huntington's chorea	.	.	.	.	.	.	.	.
	With other brain or nervous diseases	.	.	.	.	.	.	.	.
	<i>Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:</i> —	.	.	.	.	.	.	.	.
	Psychoneuroses:	.	.	.	.	.	.	.	.
	Anxiety hysteria	.	.	.	.	.	.	.	.
	Conversion hysteria:	.	.	.	.	.	.	.	.
	Anesthetic type	.	.	.	.	.	.	.	.
	Paralytic type	.	.	.	.	.	.	.	.
	Hyperkinetic type	.	.	.	.	.	.	.	.
	Parasthetic type	.	.	.	.	.	.	.	.
	Autonomic type	.	.	.	.	.	.	.	.
	Annesic type	.	.	.	.	.	.	.	.
	Mixed hysterical psychoneurosis	.	.	.	.	.	.	.	.
	Psychasthenia or compulsive states:	.	.	.	.	.	.	.	.
	Obsession	.	.	.	.	.	.	.	.
	Compulsive tics and spasms	.	.	.	.	.	.	.	.
	Phobia	.	.	.	.	.	.	.	.
	Mixed compulsive states	.	.	.	.	.	.	.	.
	Neurasthenia	.	.	.	.	.	.	.	.
	Hypochondriasis	.	.	.	.	.	.	.	.
	Reactive depression	.	.	.	.	.	.	.	.
	Anxiety state	.	.	.	.	.	.	.	.
	Mixed psychoneurosis	.	.	.	.	.	.	.	.

TABLE 256. — *Mental Disorders of All Admissions, All Discharges, All Deaths, 1935, All Cases in Residence and All Cases Out on September 30, 1935, by Status of Admission and Sex* — Concluded

	MENTAL DISORDERS	RESIDENT POPULATION						PATIENTS OUT ON VISIT, ETC.					
		FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	Manic-depressive Psychoses:												
	Manic type	102	140	242	172	325	497	41	53	94	56	81	137
	Depressive type	197	262	459	168	209	377	56	74	130	30	50	80
	Circular type	8	12	20	21	29	50	1	6	7	1	8	9
	Mixed type	17	45	62	29	49	78	3	8	11	9	10	19
	Perplexed type	2	1	3	1	—	1	1	2	3	—	2	2
	Stuporous type	10	23	33	5	16	21	5	7	12	2	—	2
	Other types	8	9	17	6	12	18	—	5	5	3	5	8
	Dementia praecox (schizophrenia):												
	Simple type	150	73	223	133	96	229	18	17	35	3	14	17
	Hebephrenic type	732	542	1,274	1,581	1,258	2,839	41	48	89	32	56	88
	Catatonic type	596	614	1,210	697	721	1,418	91	104	195	62	54	116
	Paranoid type	900	992	1,892	1,056	1,498	2,554	52	97	149	29	55	84
	Other types	130	97	227	118	97	215	18	23	41	16	20	36
	Paranoia	3	9	12	7	5	12	—	1	1	—	1	1
	Paranoid conditions	101	242	343	66	154	220	12	33	45	6	11	17
	With psychopathic personality	56	59	115	43	38	81	17	12	29	4	8	12
	With mental deficiency:												
	Idiot	24	25	49	29	35	64	1	—	1	1	1	2
	Imbecile	170	168	338	198	169	367	6	13	19	4	6	10
	Moron	258	200	458	191	226	417	21	23	44	7	30	37
	Unknown	13	18	31	14	11	25	1	1	2	—	—	—
	Undiagnosed Psychoses: —	7	8	15	9	14	23	3	2	5	—	8	8
	Without Psychoses: —	464	412	876	130	117	247	45	43	88	7	14	21
	Alcoholism	9	—	9	1	1	2	4	1	5	1	1	2
	Drug addiction	—	1	1	—	—	—	—	—	—	—	—	—
	Disorders due to epidemic encephalitis	1	—	1	—	1	1	1	—	1	—	—	—
	Psychopathic personality:												
	With pathological sexuality	1	1	2	2	—	2	—	—	—	—	1	1
	With pathological emotionality	2	2	4	—	2	2	2	—	—	—	—	—
	With asocial and amoral trends	1	2	3	1	1	2	2	1	3	—	—	—
	Mixed types	4	2	6	2	—	2	2	1	3	—	—	—
	Epilepsy	27	20	47	4	3	7	9	3	12	2	1	3
	Mental deficiency:												
	Idiot	6	3	9	2	2	4	—	1	1	—	—	—
	Imbecile	23	17	40	12	7	19	—	—	—	—	3	3
	Moron	19	6	25	18	7	25	—	1	1	2	5	7

X.
XI.

TABLE 257. — *City or Town and County of Residence, All Cases in Residence in Mental Hospitals, September 30, 1935, by Sex*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Barnstable</i>				Oak Bluffs	8	8	16
Barnstable	17	10	27	Tisbury	4	1	5
Bourne	4	7	11	Total	17	13	30
Brewster	1	—	1	<i>Essex</i>			
Chatham	8	4	12	Amesbury	25	18	43
Dennis	4	7	11	Andover	22	31	53
Eastham	2	—	2	Beverly	49	53	102
Falmouth	8	9	17	Boxford	4	—	4
Harwich	5	11	16	Danvers	26	25	51
Mashpee	1	—	1	Essex	5	4	9
Orleans	5	2	7	Georgetown	9	9	18
Provincetown	4	8	12	Gloucester	77	56	133
Sandwich	2	6	8	Groveland	4	5	9
Truro	—	2	2	Hamilton	5	6	11
Wellfleet	—	4	4	Haverhill	125	112	237
Yarmouth	2	5	7	Ipswich	10	20	30
Total	63	75	138	Lawrence	271	230	501
<i>Berkshire</i>				Lynn	297	247	544
Adams	30	34	64	Lynnfield	4	1	5
Becket	2	1	3	Manchester	2	5	7
Cheshire	4	5	9	Marblehead	14	15	29
Clarksburg	1	2	3	Merrimac	5	4	9
Dalton	9	12	21	Methuen	32	33	65
Egremont	1	2	3	Middleton	4	1	5
Great Barrington	13	14	27	Nahant	2	4	6
Hancock	—	1	1	Newbury	1	7	8
Hinsdale	2	—	2	Newburyport	63	33	96
Lanesborough	2	2	4	North Andover	9	15	24
Lee	16	6	22	Peabody	66	44	110
Lenox	9	11	20	Rockport	9	14	23
Monterey	1	2	3	Rowley	4	1	5
New Ashford	—	1	1	Salem	135	123	258
New Marlborough	6	2	8	Salisbury	3	2	5
North Adams	73	67	140	Saugus	36	30	66
Otis	3	2	5	Swampscott	11	14	25
Peru	—	1	1	Topsfield	1	2	3
Pittsfield	133	101	234	Wenham	4	2	6
Richmond	1	1	2	West Newbury	1	3	4
Sandisfield	3	1	4	Total	1,335	1,169	2,504
Sheffield	6	9	15	<i>Franklin</i>			
Stockbridge	2	6	8	Ashfield	1	3	4
Tyringham	—	1	1	Bernardston	1	1	2
Washington	1	2	3	Buckland	10	—	10
West Stockbridge	4	—	4	Charlemont	5	2	7
Williamstown	6	14	20	Colrain	3	1	4
Windsor	2	2	4	Conway	4	1	5
Total	330	302	632	Deerfield	14	7	21
<i>Bristol</i>				Erving	1	1	2
Acushnet	15	7	22	Gill	1	1	2
Attleboro	68	60	128	Greenfield	43	22	65
Berkley	1	1	2	Heath	1	2	3
Dartmouth	11	16	27	Leverett	2	1	3
Dighton	5	4	9	Leydon	3	1	4
Easton	9	12	21	Monroe	1	—	1
Fairhaven	20	21	41	Montague	21	16	37
Fall River	297	297	594	New Salem	1	—	1
Freetown	4	4	8	Northfield	6	10	16
Mansfield	11	27	38	Orange	15	15	30
New Bedford	273	275	548	Rowe	2	—	2
North Attleborough	28	22	50	Shelbourne	7	10	17
Norton	6	2	8	Sunderland	2	1	3
Raynham	5	4	9	Wendell	1	1	2
Rehoboth	8	3	11	Whately	4	2	6
Seekonk	11	8	19	Total	149	98	247
Somerset	5	11	16	<i>Hampden</i>			
Swansea	9	5	14	Agawam	12	13	25
Taunton	101	97	198	Blandford	1	1	2
Westport	8	7	15	Brimfield	3	1	4
Total	895	883	1,778	Chester	6	6	12
<i>Dukes</i>				Chicopee	119	95	214
Edgartown	3	4	7	East Longmeadow	5	4	9
Gayhead	1	—	1	Granville	6	—	6
Gosnold	1	—	1	Hampden	1	4	5

TABLE 257. — *City or Town and County of Residence, All Cases in Residence in Mental Hospitals, September 30, 1935, by Sex* — Continued

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Holyoke	174	184	358	Reading	17	17	34
Longmeadow	5	9	14	Sherborn	—	4	4
Ludlow	16	14	30	Shirley	7	2	9
Monson	9	12	21	Somerville	200	231	431
Montgomery	—	29	29	Stoncham	11	16	27
Palmer	29	23	52	Stow	3	2	5
Russell	—	2	2	Sudbury	4	—	4
Southwick	11	7	18	Tewksbury	18	18	36
Springfield	422	450	872	Townsend	4	2	6
Wales	—	3	3	Tyngsborough	2	3	5
Westfield	60	65	125	Wakefield	29	20	49
West Springfield	21	25	46	Waltham	96	134	230
Wilbraham	5	7	12	Watertown	51	52	103
Total	905	954	1,859	Wayland	2	5	7
<i>Hampshire</i>				Westford	4	5	9
Amherst	17	25	42	Weston	3	5	8
Belchertown	13	10	23	Wilmington	5	8	13
Chesterfield	4	—	4	Winchester	11	26	37
Cummington	2	4	6	Woburn	51	37	88
Easthampton	40	35	75	Total	2,056	2,210	4,266
Enfield	3	—	3	<i>Nantucket</i>			
Goshen	—	1	1	Nantucket	12	9	21
Granby	3	2	5	Total	12	9	21
Greenwich	3	—	3	<i>Norfolk</i>			
Hadley	15	5	20	Avon	6	11	17
Hatfield	6	7	13	Bellingham	8	3	11
Huntington	1	4	5	Braintree	23	44	67
Middlefield	2	—	2	Brookline	80	102	182
Northampton	78	44	122	Canton	23	19	42
Pelham	2	1	3	Cohasset	6	5	11
Plainfield	2	—	2	Dedham	38	30	68
Prescott	—	1	1	Dover	1	1	2
Southampton	2	4	6	Foxborough	21	8	29
South Hadley	18	20	38	Franklin	16	25	41
Ware	26	18	44	Holbrook	5	8	13
Westhampton	1	—	1	Medfield	1	6	7
Williamsburg	4	6	10	Medway	14	9	23
Worthington	1	—	1	Millis	5	1	6
Total	243	187	430	Milton	24	30	54
<i>Middlesex</i>				Needham	27	25	52
Acton	8	11	19	Needham	—	5	5
Arlington	60	78	138	Norfolk	29	21	50
Ashby	2	3	5	Norwood	3	3	6
Ashland	9	7	16	Plainville	111	140	251
Ayer	4	8	12	Quincy	22	14	36
Bedford	2	4	6	Randolph	6	2	8
Belmont	37	49	86	Sharon	26	19	45
Billerica	6	9	15	Stoughton	23	11	34
Boxborough	1	—	1	Walpole	15	18	33
Burlington	3	2	5	Wellesley	2	4	6
Cambridge	398	362	760	Westwood	45	45	90
Carlisle	2	—	2	Weymouth	9	17	26
Chelmsford	16	11	27	Wrentham	—	—	—
Concord	11	10	21	Total	589	626	1,215
Dracut	14	15	29	<i>Plymouth</i>			
Dunstable	1	1	2	Abington	14	12	26
Everett	103	77	180	Bridgewater	46	24	70
Framingham	48	66	114	Brockton	215	161	376
Groton	2	10	12	Carver	5	1	6
Holliston	11	9	20	Duxbury	3	5	8
Hopkinton	3	7	10	East Bridgewater	5	8	13
Hudson	18	19	37	Halifax	3	2	5
Lexington	23	10	33	Hanover	13	9	22
Lincoln	3	2	5	Hanson	5	7	12
Littleton	6	5	11	Hingham	12	9	21
Lowell	302	321	623	Hull	6	3	9
Malden	120	153	273	Kingston	3	5	8
Marlborough	42	46	88	Lakeville	3	—	3
Maynard	29	12	41	Marion	4	4	8
Medford	88	98	186	Marshfield	4	2	6
Melrose	30	47	77	Mattapoisett	7	3	10
Natick	25	32	57	Middleborough	17	15	32
Newton	102	127	229	Norwell	3	4	7
North Reading	4	5	9	Pembroke	8	3	11
Pepperell	5	7	12				

TABLE 257. — *City or Town and County of Residence, All Cases in Residence in Mental Hospitals, September 30, 1935, by Sex — Concluded*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Plymouth	37	33	70	Lunenburg	3	1	4
Plympton	—	2	2	Mendon	—	4	4
Rochester	3	3	6	Milford	41	34	75
Rockland	30	26	56	Millbury	22	6	28
Scituate	8	5	13	Millville	7	3	10
Wareham	14	10	24	New Braintree	—	2	2
West Bridgewater	6	2	8	Northborough	6	7	13
Whitman	15	15	30	Northbridge	22	12	34
Total	489	373	862	North Brookfield	6	5	11
<i>Suffolk</i>				Oakham	5	1	6
Boston	2,831	3,149	5,980	Oxford	10	6	16
Chelsea	113	105	218	Paxton	3	1	4
Revere	69	61	130	Petersham	1	2	3
Winthrop	29	32	61	Phillipston	1	—	1
Total	3,042	3,347	6,389	Princeton	1	1	2
<i>Worcester</i>				Royalston	3	3	6
Ashburnham	3	7	10	Rutland	7	3	10
Athol	22	25	47	Shrewsbury	13	11	24
Auburn	3	9	12	Southborough	4	6	10
Barre	7	5	12	Southbridge	37	24	61
Berlin	1	2	3	Spencer	15	14	29
Blackstone	15	9	24	Sterling	1	3	4
Bolton	3	5	8	Sturbridge	3	1	4
Boylston	4	3	7	Sutton	3	5	8
Brookfield	5	5	10	Templeton	21	20	41
Charlton	10	6	16	Upton	2	5	7
Clinton	27	33	60	Uxbridge	17	7	24
Dana	4	2	6	Warren	5	9	14
Douglas	7	2	9	Webster	36	25	61
Dudley	8	9	17	Westborough	18	15	33
East Brookfield	3	—	3	West Boylston	2	3	5
Fitchburg	132	108	240	West Brookfield	1	1	2
Gardner	51	48	99	Westminster	3	6	9
Gratton	5	14	19	Winchendon	17	12	29
Hardwick	6	7	13	Worcester	562	456	1,018
Harvard	4	3	7	Total	1,291	1,085	2,376
Holden	5	3	8	Non-residents	648	100	748
Hopedale	6	6	12	Unknown	207	12	219
Hubbardston	2	1	3	Total	855	112	967
Lancaster	4	8	12	Grand Total	12,271	11,443	23,714
Leicester	4	10	14				
Leominster	52	41	93				

TABLE 258. — General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1935

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30 1934	2,601	2,809	5,410	593	799	1,392	1,119	843	1,962	889	1,167	2,056
<i>Cases Admitted during Year</i>												
Regular Commitment Cases:												
First admissions	70	80	150	15	23	38	31	30	61	24	27	51
Readmissions	3	2	5	—	1	1	3	1	4	—	—	—
Total	73	82	155	15	24	39	34	31	65	24	27	51
Voluntary Admission Cases:												
First Admissions	125	103	228	26	27	53	31	25	56	68	51	119
Readmissions	5	3	8	1	1	2	1	2	3	3	—	3
Total	130	106	236	27	28	55	32	27	59	71	51	122
Observation Admission Cases:												
First admissions	—	1	1	—	—	—	—	1	1	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	1	1	—	—	—	—	1	1	—	—	—
Total cases admitted by transfer	4	9	13	1	2	3	2	5	7	1	2	3
Total cases admitted	207	198	405	43	54	97	68	64	132	96	80	176
Total cases under treatment	2,808	3,007	5,815	636	853	1,489	1,187	907	2,094	985	1,247	2,232
<i>Cases Discharged during Year</i>												
Regular Commitment Cases:												
Capable of self-support	37	31	68	3	4	7	14	5	19	20	22	42
Capable of partial self-support	45	34	79	19	7	26	17	4	21	9	23	32
Incapable of productive work	20	28	48	1	6	7	18	14	32	1	8	9
Died	11	15	26	3	2	5	5	8	13	3	5	8
Total	113	108	221	26	19	45	54	31	85	33	58	91
Voluntary Admission Cases:												
Capable of self-support	12	4	16	—	1	1	5	—	5	7	3	10
Capable of partial self-support	28	4	32	7	1	8	8	—	8	13	3	16
Incapable of productive work	31	24	55	5	5	10	9	4	13	17	15	32
Died	17	17	34	3	6	9	5	4	9	9	7	16
Total	88	49	137	15	13	28	27	8	35	46	28	74

TABLE 258. — *General Statistics of State Schools for the Mentally Defective, State of Massachusetts, for the Year Ended September 30, 1935 — Concluded*

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Observation Cases:												
Capable of self-support	—	1	1	—	—	—	—	1	1	—	—	—
Capable of partial self-support	1	—	1	1	—	1	—	—	—	—	—	—
Incapable of productive work	—	—	—	—	—	—	—	—	—	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	1	2	1	—	1	—	1	1	—	—	—
Total cases discharged by transfer	3	8	11	1	2	3	1	4	5	1	2	3
Total cases discharged	205	166	371	43	34	77	82	44	126	80	88	168
Patients on books September 30, 1935	2,603	2,841	5,444	593	819	1,412	1,105	863	1,968	905	1,159	2,064
Total number of patients actually in schools September 30, 1935	2,399	2,610	5,009	538	749	1,287	1,039	800	1,839	822	1,061	1,883
<i>Averages</i>												
Daily average population (including patients on visit, escape or parole)	2,590.56	2,808.98	5,399.54	599.07	814.38	1,413.45	1,122.	855.	1,977.	869.49	1,139.60	2,009.09
Daily average population (excluding patients on visit, escape or parole)	2,353.95	2,537.83	4,891.78	537.08	740.70	1,277.78	1,036.	776.	1,812.	780.87	1,021.13	1,802.00
Rated capacity of schools on September 30, 1935	1,998	2,001	3,999	440	660	1,100	921	617	1,538	637	724	1,361
Number of patients on visit on September 30, 1935	81	60	141	15	20	35	29	15	44	37	25	62
Daily average number of patients on visit during year	118.13	97.08	215.21	22.73	25.37	48.10	51.	31.	82.	44.40	40.71	85.11
Number of patients on escape on September 30, 1935	28	7	35	16	4	20	8	—	8	4	3	7
Daily average number of patients on escape during year	29.38	8.21	37.59	19.38	4.29	23.67	7.	—	7.	3.00	3.92	6.92
Number of patients on parole on September 30, 1935	95	164	259	24	46	70	29	48	77	42	70	112
Daily average number of patients on parole during year	89.09	165.91	255.00	19.88	44.08	63.96	28.	48.	76.	41.21	73.83	115.04

Support of patient population (exclusive of patients on visit, escape, or parole):									
Supported by the State	2,294	2,516	4,810	521	725	1,246	991	755	1,746
Reimbursing and private	105	94	199	17	24	41	48	45	93
Number of patients not mentally defective actually in schools on September 30, 1935:									
Insane	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—
Others	67	74	141	17	14	31	16	24	40
Total	67	74	141	17	14	31	16	24	40

TABLE 260. — *Country of Birth of First Admissions to State Schools, 1935, by Parentage and Sex*

	NATIVITY			PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States ¹	192	181	373	94	117	87	88	107	71			
Austria	—	—	—	1	—	—	—	—	—	—	—	—
Canada ²	1	—	1	19	15	11	21	15	7			
England	—	—	—	6	3	1	2	5	1			
Finland	—	—	—	1	—	—	—	—	—			
France	—	—	—	—	1	—	—	—	—			
Germany	—	—	—	2	1	1	1	1	1			
Greece	—	—	—	—	—	—	2	2	2			
Hungary	—	—	—	1	—	—	—	—	—			
Ireland	—	—	—	—	7	6	7	8	6			
Italy	1	1	2	20	18	16	18	14	14			
Norway	—	—	—	—	—	—	1	—	—			
Poland	—	—	—	7	9	7	10	10	8			
Portugal	—	1	1	6	5	5	4	5	3			
Russia	—	—	—	10	8	8	6	3	3			
Scotland	—	—	—	2	3	1	4	3	2			
South America	—	—	—	1	—	—	1	—	—			
Spain	—	—	—	1	—	—	—	—	—			
Sweden	—	1	1	1	3	1	1	1	1			
West Indies ³	—	—	1	—	—	—	1	—	—			
Other countries ⁴	1	—	1	5	3	3	1	4	4			
Unknown	—	—	—	12	2	2	13	5	2			
Total	195	184	379	195	195	149	184	184	123			

¹Persons born in Hawaii, Porto Rico and the Virgin Islands are recorded as born in the United States.²Includes Newfoundland.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also born at sea.

TABLE 261. — *Mental Status of First Admissions and Readmissions to State Schools, 1935, by Age and Sex*

AGE GROUPS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	First Admissions		Readmissions	First Admissions		Readmissions	First Admissions		Readmissions	First Admissions		Readmissions	First Admissions		Readmissions
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.	
	T.	T.	M. F. T.	T.	T.	M. F. T.	T.	T.	M. F. T.	T.	T.	M. F. T.	T.	T.	M. F. T.
Under 5 years	24	26	50	1	1	2	7	11	18	—	—	—	—	—	—
5-9 years	51	40	91	—	—	—	11	9	20	—	—	—	—	—	—
10-14 years	72	35	107	3	3	6	5	5	10	2	2	4	19	8	27
15-19 years	40	50	90	2	1	3	2	5	7	1	—	—	43	18	61
20-24 years	4	13	17	1	1	2	1	1	2	1	—	—	22	35	57
25-29 years	2	11	13	—	2	2	1	1	1	1	2	3	8	11	—
30-34 years	—	4	4	1	—	1	—	—	—	—	—	—	1	—	—
35-39 years	1	4	5	—	—	—	—	3	3	—	—	—	1	6	7
40-44 years	1	—	1	—	1	1	—	—	—	—	—	—	—	4	—
45-49 years	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
50-54 years	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Total	195	184	379	8	5	13	27	32	59	3	1	4	71	62	133
										2	1	3	92	84	176
										3	3	6	5	6	11

TABLE 262. — *Economic Condition of First Admissions to State Schools, 1935, by Mental Status and Sex*

	ECONOMIC CONDITION			TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	First Admissions		Readmissions	First Admissions		Readmissions	First Admissions		Readmissions	First Admissions		Readmissions	First Admissions		Readmissions	First Admissions		Readmissions
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.	
	T.	T.	M. F. T.	T.	T.	M. F. T.	T.	T.	M. F. T.	T.	T.	M. F. T.	T.	T.	M. F. T.	T.	T.	M. F. T.
Dependent	63	68	131	9	10	19	19	19	38	33	39	72	2	—	2	—	—	2
Marginal	128	116	244	17	22	39	49	43	92	59	45	104	3	6	9	—	—	9
Comfortable	3	—	3	1	—	1	2	2	2	—	—	—	—	—	—	—	—	—
Unknown	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Total	195	184	379	27	32	59	71	62	133	92	84	176	5	6	11	—	—	—

TABLE 263. — *Population of Place of Residence of All Admissions to State Schools, 1935, by Mental Status and Sex*

MENTAL STATUS	TOTAL			0-2,499			2,500-9,999			10,000-24,999			25,000-49,999			50,000-99,999			100,000-249,999			250,000-499,999			500,000 PLUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	30	33	63	1	—	1	4	7	11	8	2	10	3	7	10	5	6	11	—	—	—	—	—	—	4	5	9
Imbecile	73	63	136	2	3	5	11	11	22	10	11	21	9	7	16	10	2	12	15	18	33	—	—	—	16	11	27
Moron	95	87	182	6	10	16	13	19	32	9	13	22	19	3	22	7	7	14	16	23	39	—	—	—	25	12	37
Not Mentally Defective	5	6	11	—	—	—	—	—	—	1	1	2	—	—	—	1	—	1	3	—	3	—	—	—	—	5	5
Total	203	189	392	9	13	22	28	37	65	28	27	55	31	17	48	23	15	38	39	47	86	—	—	—	45	33	78

TABLE 264. — *Clinical Diagnoses of All Admissions to State Schools, 1935, by Age at Admission and Sex¹*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YRS.			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	49	51	100	3	3	6	9	13	22	26	10	36	8	16	24	3	4	7
Familial	21	21	42	6	10	16	3	6	9	8	2	10	3	1	4	1	—	1
Mongolism	7	12	19	3	5	8	2	4	6	1	2	3	1	1	2	—	—	—
With developmental cranial anomalies	10	14	24	2	1	3	6	2	2	5	3	8	2	3	5	—	—	3
With congenital cerebral spastic infantile paralyses	14	13	27	2	2	4	6	2	6	1	5	6	4	5	9	1	—	1
Post-infectious	6	5	11	2	2	4	1	1	2	2	2	4	1	1	2	—	—	—
Post-traumatic — natal	2	3	5	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	2	2	4	1	1	2	1	1	2	—	—	—	1	1	2	—	—	—
With epilepsy — symptomatic	2	2	4	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With endocrine disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	76	57	133	6	2	8	25	14	39	25	9	34	18	18	36	—	—	5
Undifferentiated	6	7	13	—	—	—	2	—	2	3	—	4	1	3	4	—	—	2
Other forms	203	189	392	25	26	51	51	40	91	75	35	110	42	51	93	5	14	19

¹Minus transfers

TABLE 264. — *Clinical Diagnoses of All Admissions to State Schools, 1935, by Age at Admission and Sex* — Concluded

	CLINICAL DIAGNOSES											
	25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS		50-54 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	4	4										
Mongolism	1	1			1	1						
With developmental cranial anomalies												
With congenital cerebral spastic infantile paralyses	1	1		2	2							
Post-infectious	1	1										
Post-traumatic — natal				1	1							
Post-traumatic — post-natal							1	1				
With epilepsy — symptomatic												
With epilepsy — idiopathic												
With endocrine disorders				1	1	1						
With familial amaurosis												
With tuberculous sclerosis												
With other organic nervous diseases												
Undifferentiated	1	6	7	1	1	2				1	1	1
Other forms	1	1	1									
Total	2	13	15	1	4	5	1	4	5	1	1	1

1Minus transfers

TABLE 265. — *Intelligence Quotient of First Admissions to State Schools, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0-9		I.Q. 10-19		I.Q. 20-29		I.Q. 30-39		I.Q. 40-49		I.Q. 50-59		I.Q. 60-69		I.Q. 70-79		I.Q. 80-89	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	47	50	97	-	-	-	2	2	5	5	2	7	3	8	11	11	9	20	6	5	11
Mongolism	20	20	40	2	-	2	4	4	8	5	4	9	3	3	6	-	1	1	-	-	-
With developmental anomalies	7	12	19	1	5	6	-	3	3	1	-	1	-	1	1	1	1	2	-	-	-
With congenital cerebral spastic infantile paralysis	10	13	23	1	2	3	-	2	2	1	-	1	-	1	1	-	-	-	-	-	-
Post-infectious	14	12	26	-	-	-	1	2	3	1	1	2	1	1	2	1	2	3	-	-	-
Post-traumatic — natal	5	5	10	-	-	-	1	1	2	2	1	3	1	3	4	6	3	9	2	2	-
Post-traumatic — post-natal	2	3	5	1	1	2	-	1	1	1	1	2	1	1	2	1	-	1	1	1	-
With epilepsy — symptomatic	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	2	2	4	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
With endocrine disorders	5	4	9	-	-	-	1	1	2	-	1	1	2	1	1	2	-	-	2	1	3
With familial amaurosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With tuberous sclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous disease	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Undifferentiated	72	56	128	2	1	3	5	3	8	9	5	14	13	11	24	13	11	24	4	9	13
Other forms	6	7	13	1	-	1	-	1	1	-	-	-	2	1	3	2	1	3	-	1	1
Total	195	184	379	8	9	17	11	20	31	29	20	49	27	31	58	44	43	87	14	17	31
																37	28	65			
																1	4				

TABLE 266. — *Intelligence Quotient of Readmissions to State Schools, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL		I.Q. 0-9		I.Q. 10-19		I.Q. 20-29		I.Q. 30-39		I.Q. 40-49		I.Q. 50-59		I.Q. 60-69		I.Q. 70-79		I.Q. 80-89	
	M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.	
Familial	2	1	3		1				1	1			1				1			1
Mongolism	1	1	2																	
With developmental cranial anomalies																				
With congenital cerebral spastic infantile paralysis																				
Post-infectious	1	1									1									
Post-traumatic — natal	1	1													1					
Post-traumatic — post-natal																				
With epilepsy — symptomatic																				
With epilepsy — idiopathic																				
With endocrine disorders																				
With familial amaurosis																				
With tuberous sclerosis																				
With other organic nervous disease.	4	1	5																2	1
Undifferentiated																				3
Other forms																				
Total	8	5	13		4		4		1	1	1	1	1		1	1	1		2	2

TABLE 267. — *Mental Status of Patients Discharged from State Schools, 1935, by Age at Discharge and Sex*

AGE GROUPS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	2	4	6	2	2	4		1	1					1	1
5-9 years	7	6	13		2	2	2	2	4		2	3		4	4
10-14 years	19	7	26	2	2	4	4	4	4		7	5	12	6	1
15-19 years	44	20	64	3	1	4	7	6	13		32	12	44	2	1
20-24 years	68	29	97				5	5	10		54	22	76	9	2
25-29 years	21	30	51				3	4	7		15	16	31	3	10
30-34 years	8	13	21				3	1	4		5	10	15		2
35-39 years	1	12	13				1	1	2			10	10		1
40-44 years	2	4	6	1			1	1	2		2				1
45-49 years															
50-54 years		1	1								1	1			
55-59 years															
60 years and over	2		2				2								
Total	174	126	300	8	6	14	28	21	49	114	80	194	24	19	43

TABLE 268. — Age at Discharge of Patients Discharged from State Schools, 1935, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YRS.			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS		
	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	53	45	98	—	1	1	2	—	2	4	3	7	15	7	22	23	10	33	8	12	20
Mongolism	2	1	3	—	—	—	—	1	1	1	1	1	—	—	—	1	—	1	—	—	—
With developmental cranial anomalies	3	3	6	2	2	4	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyse	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-infectious	4	7	11	—	—	—	—	—	—	—	1	1	1	1	1	—	2	2	—	—	—
Post-traumatic — natal	3	—	3	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	1	1	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—	1
With epilepsy — idiopathic	3	1	4	—	—	—	—	—	—	1	1	—	1	—	—	1	1	2	—	—	—
With endocrine disorders	2	3	5	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With tuberosus sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	83	53	136	—	1	1	4	—	4	9	2	11	15	6	21	34	15	49	12	14	26
Undifferentiated	20	8	28	—	—	—	1	—	1	4	—	4	7	2	9	5	1	6	—	2	2
Other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	174	126	300	2	4	6	7	6	13	19	7	26	44	20	64	68	29	97	21	30	51

CLINICAL DIAGNOSES	30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS			50-54 YEARS			55-59 YEARS			60 YEARS AND OVER		
	M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	1	4	5	—	5	5	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Mongolism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With developmental cranial anomalies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyse	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With endocrine disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With tuberosus sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	6	8	14	—	5	5	1	1	2	—	—	—	—	1	1	—	—	—	—	—	—
Undifferentiated	1	1	2	1	2	3	1	—	1	—	—	—	—	—	—	—	—	—	2	—	2
Other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	8	13	21	1	12	13	2	4	6	—	—	—	—	1	1	—	—	—	2	—	2

TABLE 270. — *Capability on Discharge of All Patients Discharged from State Schools, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL						CAPABLE OF SELF-SUPPORT				CAPABLE OF PARTIAL SELF-SUPPORT				INCAPABLE OF PRODUCTIVE WORK			
	M.		F.		T.		M.		F.		M.		F.		M.		F.	
Familial	53	45	98				13	16	29		32	14	46		8	15	23	
Mongolism	2	1	3				1	—	1		—	—	—		1	1	2	
With developmental cranial anomalies	3	3	6				—	—	—		—	—	—		3	3	6	
With congenital cerebral spastic infantile paralysis	4	4	8				—	—	—		—	—	—		—	4	4	
Post-infectious	4	7	11				—	—	—		3	1	4		1	6	7	
Post-traumatic — natal	3	—	3				—	—	—		2	—	2		1	—	1	
Post-traumatic — post-natal	—	—	—				—	—	—		—	—	—		—	—	—	
With epilepsy — symptomatic	1	1	2				—	—	—		—	—	—		1	1	2	
With epilepsy — idiopathic	3	4	7				—	—	—		1	—	1		2	1	3	
With endocrine disorders	2	3	5				—	—	—		2	—	2		—	3	3	
With familial amaurosis	—	—	—				—	—	—		—	—	—		—	—	—	
With tuberous sclerosis	—	—	—				—	—	—		—	—	—		—	—	—	
With other organic nervous disease	83	53	136				32	20	52		30	22	52		21	11	32	
Undifferentiated	20	8	28				3	—	3		4	1	5		13	7	20	
Other forms	—	—	—				—	—	—		—	—	—		—	—	—	
Total	174	126	300				49	36	85		74	38	112		51	52	103	

TABLE 271. — *Times Out on Visit during THIS Admission, Patients Discharged from State Schools, 1935, by School and Sex*

STATE SCHOOLS		NUMBER OF TIMES OUT ON VISIT														TEN		ELEVEN PLUS										
		Total DISCHARGED		NONE		ONE		TWO		THREE		FOUR		FIVE						SIX		SEVEN		EIGHT		NINE		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.					T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown		36	24	60	6	9	15	7	2	9	4	3	7	4	3	7	6	3	9	—	—	—	—	—	—	—	—	
W. E. Fernald		71	28	99	13	7	20	9	8	17	9	2	11	4	1	5	4	—	4	2	2	4	5	—	5	6	—	
Wrentham		67	74	141	2	5	7	17	15	32	9	14	23	9	11	20	5	6	11	10	10	20	3	4	7	3	2	5
Total		174	126	300	21	21	42	33	25	58	22	19	41	17	15	32	15	9	24	12	12	24	11	6	17	13	2	15

TABLE 272. — Length of School Residence during THIS Admission, Patients Discharged from State Schools, 1935, by Mental Status and Sex

LENGTH OF SCHOOL RESIDENCE	NET TIME IN RESIDENCE										TIME OUT																			
	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE			TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 2 months	11	9	20	1	4	5	4	2	6	4	2	6	2	1	3	21	7	28	3	—	3	4	2	6	10	5	15	4	—	4
3-5 months	8	6	14	2	1	3	2	1	3	4	4	4	1	—	1	4	1	5	—	—	—	—	—	—	4	1	5	—	—	—
6-8 months	7	4	11	1	—	1	1	1	1	4	4	8	1	—	1	2	3	5	—	—	—	—	—	—	2	3	5	—	—	—
9-11 months	7	1	8	—	—	—	3	—	3	2	1	3	2	2	2	1	1	2	—	—	—	—	—	—	1	1	2	—	—	—
1 year	17	9	26	—	1	1	—	2	2	12	4	16	5	2	7	55	34	89	3	1	4	10	10	20	42	16	58	—	7	7
2 years	11	14	25	—	—	—	3	2	5	5	11	16	3	1	4	25	12	37	—	—	—	3	2	5	14	8	22	8	2	10
3 years	6	11	17	2	—	2	1	3	4	3	6	9	—	2	2	13	9	22	—	—	—	1	—	1	9	7	16	3	2	5
4 years	8	9	17	—	—	—	2	2	2	8	7	15	—	—	—	6	4	10	—	—	—	—	—	1	5	3	8	—	1	1
5-9 years	59	40	99	1	—	1	8	2	10	41	30	71	9	8	17	26	25	51	—	—	—	4	—	4	20	21	41	2	4	6
10-14 years	33	18	51	—	—	—	3	5	8	28	8	36	2	5	7	—	6	6	—	—	—	—	—	—	—	4	4	—	1	1
15-19 years	3	5	8	—	—	—	1	2	3	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20-24 years	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-29 years	2	—	2	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35-39 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
40 years and over	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	174	126	300	8	6	14	28	21	49	114	80	194	24	19	43	153	102	255	6	1	7	23	15	38	107	69	186	17	17	34

TABLE 273. — Length of School Residence during THIS Admission of Patients Discharged from State Schools, 1935, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES	TOTAL		UNDER 2 Mo.		3-5 MONTHS		6-8 MONTHS		9-11 MONTHS		1 YEAR		2 YEARS		3 YEARS		4 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Familial	53	45	98	1	1	2	1	1	1	4	5	2	1	3	10	3	13	
Mongolism	2	1	3															
With developmental cranial anomalies	3	3	6	1	1	2	1	1	1									
With congenital cerebral spastic infantile paralyses		4	4		2	2		1	1									
Post-infectious	4	7	11		1	1	2											
Post-traumatic — natal	3		3		1	1	1											
Post-traumatic — post-natal													1	2	1	1		
With epilepsy — symptomatic	1	1	2		1	1												
With epilepsy — idiopathic	3	1	4	1	1	2			1	1					1	1		
With endocrine disorders	2	3	5				2	2										
With familial amaurosis																		
With tuberosus sclerosis																		
With other organic nervous disease	83	53	136	7	2	9	2	4	3	4	3	5	4	9	2	7	9	3
Undifferentiated	20	8	28	1	1	1	2	1	1	1	1	2	1	2	3	1	1	2
Other forms																		
Total	174	126	300	11	9	20	8	6	14	7	4	11	7	1	8	17	9	26
													11	14	25	6	11	17

CLINICAL DIAGNOSES	5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Familial	23	15	38	10	6	16	1	1	2							
Mongolism	1		1													
With developmental cranial anomalies		1	1													
With congenital cerebral spastic infantile paralyses		3	2	5												
Post-infectious	1		1													
Post-traumatic — natal																
Post-traumatic — post-natal																
With epilepsy — symptomatic					1	1										
With epilepsy — idiopathic	1	1	2													
With endocrine disorders	1	1	2													
With familial amaurosis																
With tuberosus sclerosis																
With other organic nervous disease	27	19	46	17	10	27	1	3	4	1	1	1	1	1	1	1
Undifferentiated	2	2	4	6	2	8										
Other forms																
Total	59	40	99	33	18	51	3	5	8	1	1	2			1	1

TABLE 274. — *Mental Status of Deaths in State Schools, 1935, by Age at Death and Sex*

	AGE GROUPS	TOTAL			IDIOT			IMBECILE			MORON		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	.	—	3	3	—	1	1	—	1	1	—	1	1
5-9 years	.	5	4	9	3	2	5	2	2	4	—	—	—
10-14 years	.	3	3	6	3	2	5	1	1	2	—	—	—
15-19 years	.	8	—	8	4	—	4	2	—	2	2	—	2
20-24 years	.	6	5	11	3	1	4	—	3	3	3	1	4
25-29 years	.	—	8	8	—	—	—	—	7	7	—	1	1
30-34 years	.	2	3	5	2	—	2	—	2	2	—	1	1
35-39 years	.	2	1	3	1	1	2	—	—	—	1	—	—
40-44 years	.	—	2	2	—	1	1	—	—	—	—	1	1
45-49 years	.	1	—	1	—	—	—	1	—	—	—	—	—
50-54 years	.	—	1	1	—	1	1	—	—	—	—	—	—
55-59 years	.	1	—	1	1	—	—	—	—	—	—	—	—
60 years and over	.	—	2	2	—	—	—	—	2	2	—	—	—
Total	.	28	32	60	17	9	26	5	18	23	6	5	11

TABLE 275. — *Clinical Diagnoses of Deaths in State Schools, 1935, by Age at Death and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Familial	1	6	7	-	-	-	-	2	2	-	-	-	-	-	-	-	1	-	-	-	3	3
Mongolism	6	7	13	-	1	1	1	1	2	2	1	3	-	2	-	-	1	1	1	-	3	3
With developmental cranial anomalies	1	4	5	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
With congenital cerebral spastic infantile paralysis	2	4	6	-	1	1	1	1	1	-	1	1	-	1	-	-	-	-	-	-	-	-
Post-infectious	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-traumatic — natal	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-
Post-traumatic — post-natal	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — symptomatic	2	1	3	-	-	-	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With endocrine disorders	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With familial amaurosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With tuberculous sclerosis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous disease	10	6	16	-	-	-	-	2	1	3	-	-	-	-	-	-	1	-	1	-	-	-
Undifferentiated	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	4	3	6	-
Other forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	28	32	60	-	3	3	5	4	9	3	3	6	8	-	8	-	6	5	11	-	8	8

TABLE 277. — *Length of School Residence during ALL Admissions, 1935, by Mental Status and Sex*

LENGTH OF SCHOOL RESIDENCE																								
TOTAL						IDIOT				IMBECILE				MORON										
M.		F.		T.		M.		F.		T.		M.		F.		T.		M.		F.		T.		
1	-	1	2	3	1	1	-	1	1	1	2	-	1	-	1	1	1	-	-	-	-	-	-	
2	-	2	3	1	1	1	1	1	2	2	1	-	-	-	-	-	1	-	-	-	-	-	-	
2	1	1	1	1	1	1	1	1	1	1	1	1	1	2	3	1	2	2	-	-	-	-	-	
-	2	5	7	2	1	1	1	1	2	1	1	1	1	1	1	1	2	1	1	1	1	2	2	
1	1	2	2	4	1	1	1	1	1	1	1	1	2	1	3	1	1	1	-	-	-	-	-	
1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
5	7	12	7	12	3	3	2	3	5	6	6	1	5	6	6	1	3	1	1	1	1	1	1	
3	1	4	4	3	3	3	-	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
2	2	4	2	4	2	2	-	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
-	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
28	32	60	17	9	26	5	18	23	6	5	11	5	18	23	6	5	11	5	18	23	6	5	11	
Total																								

TABLE 279. — Admission Age and Present Age of Patients Within State Schools on September 30, 1935, by School and Sex

AGE GROUPS	TOTAL — ALL SCHOOLS						BELCHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	157	127	284	36	39	75	28	19	47	14	9	23
5-9 years	879	550	1,429	216	174	390	142	93	235	41	30	71
10-14 years	792	696	1,488	493	294	787	151	173	324	80	65	145
15-19 years	351	604	955	522	471	993	98	214	312	131	161	292
20-24 years	105	286	391	359	434	793	57	93	150	101	155	256
25-29 years	49	151	200	265	370	635	28	66	94	54	105	159
30-34 years	22	96	118	166	275	441	12	34	46	47	78	125
35-39 years	22	55	77	117	203	320	8	26	34	28	60	88
40-44 years	10	22	32	88	135	223	6	16	22	21	36	57
45-49 years	6	13	19	56	107	163	5	8	13	5	22	27
50-54 years	3	8	11	41	55	96	1	5	6	7	14	21
55-59 years	3	2	5	23	26	49	2	2	4	4	4	8
60-64 years	—	—	—	16	16	32	—	—	—	4	6	10
65-69 years	—	—	—	1	18	9	—	—	—	1	4	5
70 years and over	—	—	—	—	3	3	—	—	—	—	—	—
Total	2,399	2,610	5,009	2,399	2,610	5,009	538	749	1,287	538	749	1,287
Average Age	12.28	15.97	14.20	22.14	25.59	23.94	15.18	18.82	17.28	22.37	25.69	24.30

TABLE 279. — Admission Age and Present Age of Patients Within State Schools on September 30, 1935, by School and Sex — Concluded

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	31	27	58	—	3	3	98	81	179	22	27	49
5-9 years	387	205	592	42	61	103	350	252	602	133	83	216
10-14 years	413	219	632	201	91	292	228	304	532	212	138	350
15-19 years	144	163	307	229	140	369	109	227	336	162	170	332
20-24 years	28	87	115	150	111	261	20	106	126	108	168	276
25-29 years	13	43	56	116	106	222	8	42	50	95	159	254
30-34 years	18	36	44	74	68	142	2	26	28	45	129	174
35-39 years	44	44	24	67	56	123	3	16	19	22	87	109
40-44 years	11	3	4	55	49	104	3	3	6	12	50	62
45-49 years	1	3	4	46	50	96	—	2	2	5	35	40
50-54 years	2	1	3	30	33	63	—	2	2	4	8	12
55-59 years	—	—	—	17	18	35	1	—	1	2	4	6
60-64 years	—	—	—	12	7	19	—	—	—	—	3	3
65-69 years	—	—	—	—	4	4	—	—	—	—	—	—
70 years and over	—	—	—	—	3	3	—	—	—	—	—	—
Total	1,039	800	1,839	1,039	800	1,839	822	1,061	1,883	822	1,061	1,883
Average Age	12.07	15.42	13.53	25.16	27.41	26.14	10.65	14.40	12.75	18.20	24.17	21.56

TABLE 280. — Admission Age and Present Age of Patients Out (Visit, Parole, etc.) of State Schools on September 30, 1935, by School and Sex

AGE GROUPS	TOTAL — ALL SCHOOLS						BELCHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	5	2	7	2	1	3	—	1	1	—	1	1
5-9 years	37	13	50	7	4	11	3	1	4	—	—	—
10-14 years	90	50	140	19	7	26	18	10	28	8	—	—
15-19 years	59	86	145	40	17	57	29	28	57	24	4	12
20-24 years	9	53	62	61	48	109	5	18	23	15	18	42
25-29 years	3	11	14	40	41	81	—	5	5	33	18	33
30-34 years	—	9	9	17	36	53	—	6	6	5	13	18
35-39 years	1	3	4	12	30	42	—	1	1	3	8	11
40-44 years	—	3	3	1	30	31	—	—	—	—	6	6
45-49 years	—	—	—	4	11	15	—	—	—	—	2	2
50-54 years	—	—	—	1	2	3	—	—	—	—	—	—
55-59 years	—	1	1	—	2	2	—	—	—	—	—	—
60-64 years	—	—	—	—	1	1	—	—	—	—	—	—
65-69 years	—	—	—	—	1	1	—	—	—	—	—	—
Total	204	231	435	204	231	435	55	70	125	55	70	125
Average Age	13.60	18.69	16.30	23.31	26.27	24.88	15.77	20.01	18.14	24.86	29.22	27.30

TABLE 280. — Admission Age and Present Age of Patients Out (Visit, Parole, etc.) of State Schools on September 30, 1935, by School and Sex — Concluded

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1	—	1	—	—	—	4	1	5	2	—	2
5-9 years	15	5	20	1	1	2	19	7	26	6	3	9
10-14 years	36	10	46	5	1	6	36	30	66	14	6	20
15-19 years	9	17	26	16	—	16	21	41	62	16	13	29
20-24 years	2	21	23	24	10	34	2	14	16	13	20	33
25-29 years	2	5	7	11	12	23	1	1	2	14	11	25
30-34 years	—	1	1	2	9	11	—	2	2	10	14	24
35-39 years	—	1	1	2	3	5	—	1	1	7	19	26
40-44 years	1	3	3	1	15	16	—	—	—	—	9	9
45-49 years	—	—	—	2	7	10	—	—	—	1	2	3
50-54 years	—	—	—	3	2	3	—	—	—	—	—	—
55-59 years	—	—	—	1	2	3	—	1	1	—	—	—
60-64 years	—	—	—	—	—	—	—	—	—	—	1	1
65-69 years	—	—	—	—	1	1	—	—	—	—	—	—
Total	66	63	129	66	63	129	83	98	181	83	98	181
Average Age	13.04	20.11	16.50	23.78	35.51	29.51	12.60	16.84	14.90	21.92	28.41	25.43

TABLE 282. — Population of Place of Residence, Patients Within State Schools on September 30, 1935, by Mental Status and Sex

MENTAL STATUS	TOTAL		0-2,499		2,500-9,999		10,000-24,999		25,000-49,999		50,000-99,999		100,000-249,999		250,000-499,999		500,000-PLUS		UNKNOWN
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Idiot	398	328	726	15	20	35	46	34	80	64	37	101	49	43	92	35	35	70	168
Imbecile	1,029	1,023	2,052	65	62	127	132	133	265	155	145	300	118	118	236	99	90	189	496
Moron	904	1,185	2,089	60	96	156	124	204	328	148	207	355	115	97	212	71	94	165	432
Not Mentally Defective	68	74	142	8	1	9	16	16	32	6	11	17	7	5	12	6	5	11	371
Total	2,399	2,610	5,009	148	179	327	318	387	705	373	400	773	289	263	552	211	224	435	1,114

TABLE 283. — Length of School Residence during THIS Admission of Patients Within State Schools on September 30, 1935, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES	TOTAL		UNDER 2 MONTHS		3-5 MONTHS		6-8 MONTHS		9-11 MONTHS		1 YEAR		2 YEARS		3 YEARS		4 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	633	945	1,578	22	19	41	6	12	18	14	12	26	57	49	106	29	63	92
Mongolism	112	118	230	12	11	23	4	4	8	1	4	5	11	16	27	3	3	6
With developmental cranial anomalies	70	49	119	5	6	11	1	1	1	1	2	3	5	5	10	1	1	1
With congenital cerebral spastic infantile paralysis	94	93	187	3	10	13	2	1	2	1	1	2	5	8	13	1	3	4
Post-infectious	126	134	260	4	3	7	2	1	3	4	5	9	6	10	16	10	15	25
Post-traumatic — natal	64	44	108	3	1	4	2	2	4	1	1	2	6	5	11	4	4	8
Post-traumatic — post-natal	13	20	33	3	3	3	1	1	2	2	4	3	2	2	1	3	4	8
With epilepsy — symptomatic	8	17	25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
With epilepsy — idiopathic	52	57	109	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
With endocrine disorders	29	39	68	2	1	3	2	2	2	1	2	3	4	4	8	2	3	5
With familial amaurosis	8	3	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
With tuberous sclerosis	3	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other organic nervous disease	7	5	12	2	2	6	1	1	1	1	1	1	1	1	1	1	1	1
Undifferentiated	1,023	926	1,949	34	33	67	11	10	21	19	9	28	83	71	154	56	63	119
Other forms	157	160	317	2	2	2	1	2	3	2	7	12	15	12	27	5	1	6
Total	2,399	2,610	5,009	88	89	177	30	34	64	47	35	82	200	187	387	114	158	272

TABLE 283. — Length of School Residence during THIS Admission of Patients Within State Schools on September 30, 1935,
by Clinical Diagnoses and Sex — Concluded

CLINICAL DIAGNOSES	5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	200	217	417	136	270	406	38	70	108	9	44	53	10	24	34	-	4	4	-	1	1	2	3	5
Mongolism	29	21	50	21	21	42	4	3	7	1	-	1	-	1	1	1	-	1	-	2	-	-	-	-
With developmental cranial anomalies	13	8	21	13	4	17	6	1	7	3	1	4	4	4	8	1	1	2	-	1	-	-	-	-
With congenital cerebral spastic infantile paralyse	9	13	22	23	25	48	14	5	19	10	5	15	4	8	12	5	1	6	3	1	4	2	2	2
Post-infectious	32	19	51	27	27	54	6	8	14	8	5	13	8	8	16	-	1	1	2	6	8	-	-	-
Post-traumatic — natal	18	9	27	12	8	20	5	1	4	3	2	2	2	1	3	-	1	1	-	1	1	-	-	-
Post-traumatic — post-natal	2	2	4	-	5	5	1	-	1	-	2	2	-	1	1	1	1	1	-	1	1	2	2	2
With epilepsy — symptomatic	-	5	5	2	4	6	-	2	2	-	1	1	-	1	1	1	1	1	1	1	1	1	1	1
With epilepsy — idiopathic	17	7	24	10	12	22	1	11	12	3	3	6	-	5	5	5	2	2	-	2	2	1	1	1
With endocrine disorders	6	4	10	5	8	13	-	2	2	1	-	1	-	2	2	2	2	2	4	-	-	2	-	2
With familial amaurosis	1	-	1	1	1	2	1	-	1	1	-	1	3	-	3	-	-	-	-	-	-	-	-	-
With tuberculous sclerosis	1	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With other organic nervous disease	1	-	1	-	3	3	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Undifferentiated	202	207	409	206	176	382	101	99	200	58	62	120	52	39	91	24	6	30	20	5	25	15	3	18
Other forms	36	24	60	28	35	63	13	20	33	12	15	27	13	8	21	9	6	15	6	5	11	6	10	16
Total	567	536	1,103	485	599	1,084	186	225	411	109	141	250	96	102	198	44	24	68	34	22	56	26	21	47

TABLE 284. — Length of School Residence during THIS Admission, Patients Within State Schools on September 30, 1935,
by Intelligence Quotient and Sex

INTELLIGENCE QUOTIENT	TOTAL		UNDER 2 MONTHS		3-5 MONTHS		6-8 MONTHS		9-11 MONTHS		1 YEAR		2 YEARS		3 YEARS		4 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0-9	134	118	252	4	5	9	—	1	1	2	1	3	4	5	9	—	—	—
10-19	249	195	444	5	9	14	3	7	2	2	3	5	22	12	34	10	5	15
20-29	301	267	568	9	6	15	5	2	7	6	11	19	23	21	44	8	8	16
30-39	344	303	647	11	10	21	6	3	9	10	4	5	28	22	50	8	16	10
40-49	460	495	955	11	20	31	4	8	12	3	1	4	27	24	51	21	24	45
50-59	447	555	1,002	18	17	35	4	10	14	9	11	20	39	47	86	33	43	76
60-69	323	446	769	20	13	33	3	5	19	38	48	86	43	42	85	23	40	63
70-79	120	193	313	10	7	17	2	3	5	16	13	29	12	13	25	6	25	31
80-89	19	33	52	—	2	2	—	1	1	2	3	5	2	1	3	1	2	3
90 or over	2	5	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,399	2,610	5,009	88	89	177	30	34	64	23	27	50	200	187	387	114	158	272
										195	216	411				155	194	349

TABLE 284. — *Length of School Residence during This Admission, Patients Within State Schools on September 30, 1935, by Intelligence Quotient and Sex — Concluded*

INTELLIGENCE QUOTIENT	5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0-99	32	19	51	45	27	72	12	20	32	8	8	16	6	7	13	1	1	2	—	4	4	2	1	3
10-19	62	37	99	60	55	115	21	19	40	18	11	29	9	8	17	6	4	10	3	6	3	2	5	
20-29	69	59	128	59	63	122	29	26	55	19	12	31	17	16	33	13	5	18	8	3	11	3	2	
30-39	57	58	115	80	79	159	40	32	72	14	16	30	19	15	34	14	4	18	9	9	6	7	13	
40-49	106	86	192	104	117	221	45	45	90	28	40	68	28	26	54	6	9	15	12	7	19	7	8	
50-59	117	120	237	82	127	209	19	44	63	15	28	43	12	16	28	2	1	3	1	2	3	5	2	
60-69	84	109	193	40	78	118	11	32	43	5	13	18	3	10	13	2	2	2	1	2	3	—	—	
70-79	34	39	73	10	44	54	8	4	12	2	11	13	1	2	3	—	—	—	—	—	—	—	—	
80-89	6	8	14	4	9	13	1	2	3	—	—	2	1	—	—	—	—	—	—	—	—	—	—	
90 or over	—	1	1	1	—	1	—	1	1	—	—	2	1	—	—	—	—	—	—	1	1	—	—	
Total	567	536	1,103	485	599	1,084	186	225	411	109	141	250	96	102	198	44	24	68	34	22	56	26	21	
																							47	

TABLE 285. — *Color in Cases in Residence in State Schools on September 30, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK ¹			MULATTO ²			YELLOW ³			OTHERS ⁴		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	633	945	1,578	614	924	1,538	12	14	26	5	6	11	—	—	—	2	1	3
Mongolism	112	118	230	110	118	228	2	—	2	—	—	—	—	—	—	—	—	—
With developmental cranial anomalies	70	49	119	70	49	119	2	—	—	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyses	94	93	187	92	92	184	2	1	3	—	—	—	—	—	—	—	—	—
Post-infectious	126	134	260	125	131	256	1	2	3	—	1	1	—	—	—	—	—	—
Post-traumatic — natal	64	44	108	64	44	108	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	13	20	33	13	18	31	—	2	2	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	8	17	25	7	17	24	—	—	—	—	1	1	—	—	—	—	—	—
With epilepsy — idiopathic	52	57	109	51	56	107	1	1	2	—	—	—	—	—	—	—	—	—
With endocrine disorders	29	39	68	28	39	67	—	—	—	—	—	—	—	—	—	—	—	—
With familial amaurosis	8	3	11	8	3	11	—	—	—	—	—	—	—	—	—	—	—	—
With tuberous sclerosis	3	—	3	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	7	5	12	7	5	12	—	—	—	—	—	—	—	—	—	—	—	—
Undifferentiated	1,023	926	1,949	1,000	901	1,901	14	14	28	9	11	20	—	—	—	—	—	—
Other forms	157	160	317	154	157	311	2	1	3	1	2	3	—	—	—	—	—	—
Total	2,399	2,610	5,009	2,346	2,554	4,900	34	35	69	16	20	36	—	—	—	3	1	4

¹Includes African black.

²Includes part black or mulatto (African).

³Includes Chinese and Japanese.

⁴Includes Portuguese and all others.

TABLE 286. — *Color in Cases Out (Visit, Parole, etc.) of State Schools on September 30, 1935, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK ¹			MULATTO ²		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	79	106	185	77	102	179	1	1	2	1	3	4
Mongolism	2	3	5	2	3	5	—	—	—	—	—	—
With developmental cranial anomalies	1	3	4	1	3	4	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyses	7	—	7	7	—	7	—	—	—	—	—	—
Post-infectious	8	8	16	7	8	15	1	—	1	—	—	—
Post-traumatic — natal	4	2	6	4	2	6	—	—	—	—	—	—
Post-traumatic — post-natal	1	—	1	1	—	1	—	—	—	—	—	—
With epilepsy — symptomatic	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	2	4	6	2	4	6	—	—	—	—	—	—
With endocrine disorders	—	1	1	—	1	1	—	—	—	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	—	—	—
With tuberous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	95	95	190	89	89	178	4	4	8	2	2	4
Undifferentiated	5	8	13	5	8	13	—	—	—	—	—	—
Other forms	—	—	—	—	—	—	—	—	—	—	—	—
Total	204	231	435	195	221	416	6	5	11	3	5	8

NOTE: — There were no cases recorded under "Yellow" or "Others."

¹Includes part black or mulatto (African).²Includes African black.

TABLE 287. — *City or Town and County of Residence of Patients Within State Schools on September 30, 1935, by Sex*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
<i>Barnstable</i>				Haverhill	29	34	63
Barnstable	7	5	12	Ipswich	4	2	6
Bourne	4	2	6	Lawrence	34	40	74
Chatham	—	2	2	Lynn	39	41	80
Dennis	2	3	5	Lynnfield	1	1	2
Eastham	1	—	1	Manchester	1	1	2
Falmouth	1	6	7	Marblehead	4	3	7
Harwich	2	3	5	Merrimac	1	2	3
Mashpee	1	—	1	Methuen	11	10	21
Orleans	1	1	2	Middleton	1	—	1
Provincetown	2	5	7	Nahant	2	—	2
Sandwich	—	7	7	Newbury	1	1	2
Wellfleet	1	1	2	Newburyport	8	9	17
Yarmouth	—	1	1	North Andover	—	5	5
Total	22	36	58	Peabody	10	6	16
<i>Berkshire</i>				Rockport	2	1	3
Adams	7	7	14	Rowley	—	2	2
Becket	1	—	1	Salem	20	21	41
Cheshire	1	2	3	Salisbury	1	2	3
Dalton	3	4	7	Saugus	13	18	31
Great Barrington	1	7	8	Swampscott	2	1	3
Hinsdale	1	1	2	Topsfield	2	—	2
Lanesborough	—	2	2	Total	233	244	477
Lee	6	8	14	<i>Franklin</i>			
Lenox	—	1	1	Ashfield	3	—	3
North Adams	12	14	26	Bernardston	2	2	4
Otis	—	1	1	Buckland	3	1	4
Peru	1	—	1	Charlemont	1	—	2
Pittsfield	20	28	48	Colrain	2	—	2
Richmond	1	1	2	Conway	—	1	1
Sandisfield	—	2	2	Deerfield	3	1	4
Sheffield	2	6	8	Erving	—	2	2
Stockbridge	1	2	3	Gill	—	2	2
Washington	—	1	1	Greenfield	15	11	26
Williamstown	—	3	3	Heath	—	1	1
Windsor	1	—	1	Leverett	3	4	7
Total	58	90	148	Montague	4	9	13
<i>Bristol</i>				New Salem	1	2	3
Acushnet	6	6	12	Northfield	5	2	7
Attleboro	12	8	20	Orange	5	4	9
Berkley	—	2	2	Rowe	2	1	3
Dartmouth	1	2	3	Shelbourne	1	4	5
Dighton	3	1	4	Shutesbury	1	—	1
Easton	5	3	8	Sunderland	1	1	2
Fairhaven	7	7	14	Wendell	—	2	2
Fall River	60	57	117	Whately	1	2	3
Freetown	4	—	4	Total	53	53	106
Mansfield	6	2	8	<i>Hampden</i>			
New Bedford	48	67	115	Agawam	5	2	7
North Attleborough	11	3	14	Brimfield	2	—	2
Norton	6	1	7	Chester	5	—	5
Raynham	—	2	2	Chicopee	21	16	37
Rehoboth	2	4	6	East Longmeadow	1	2	3
Seekonk	1	—	1	Hampden	1	—	1
Somerset	—	1	1	Holyoke	36	45	81
Swansea	1	—	1	Ludlow	3	5	8
Taunton	15	16	31	Monson	2	5	7
Westport	—	3	3	Montgomery	8	9	17
Total	188	185	373	Palmer	4	6	10
<i>Dukes</i>				Russell	3	4	7
Oak Bluffs	1	1	2	Southwick	2	2	4
Tisbury	—	2	2	Springfield	85	84	169
Total	1	3	4	Wales	2	2	4
<i>Essex</i>				Westfield	20	18	38
Amesbury	11	5	16	West Springfield	9	8	17
Andover	5	5	10	Wilbraham	2	2	4
Beverly	11	9	20	Total	211	210	421
Boxford	—	2	2	<i>Hampshire</i>			
Danvers	4	6	10	Amherst	4	8	12
Georgetown	—	1	1	Belchertown	7	18	25
Gloicester	15	14	29	Chesterfield	—	1	1
Groveland	1	1	2	Cummington	—	3	3
Hamilton	—	1	1	Easthampton	5	13	18
				Enfield	2	2	4

TABLE 287. — *City or Town and County of Residence of Patients Within State Schools on September 30, 1935, by Sex — Continued*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Goshen	—	1	1	Bellingham	—	2	2
Granby	1	1	2	Braintree	9	7	16
Hadley	—	2	2	Brookline	6	7	13
Hatfield	—	1	1	Canton	8	3	11
Huntington	3	3	6	Cohasset	2	3	5
Middlefield	1	1	2	Dedham	8	7	15
Northampton	8	12	20	Dover	1	—	1
Pelham	1	—	1	Foxborough	1	4	5
Plainfield	2	1	3	Franklin	5	7	12
Prescott	—	1	1	Holbrook	3	2	5
Southampton	7	—	7	Medfield	—	1	1
South Hadley	—	4	4	Medway	2	5	7
Ware	4	3	7	Millis	—	1	1
Westhampton	—	1	1	Milton	9	3	12
Williamsburg	—	5	5	Needham	5	1	6
Worthington	—	3	3	Norfolk	1	—	1
Total	45	84	129	Norwood	9	8	17
<i>Middlesex</i>				Plainville	1	—	1
Acton	—	1	1	Quincy	33	25	58
Arlington	18	7	25	Randolph	3	2	5
Ashby	—	1	1	Sharon	3	3	6
Ashland	5	1	6	Stoughton	8	7	15
Ayer	1	—	1	Walpole	6	7	13
Bedford	1	2	3	Wellesley	7	27	34
Belmont	8	9	17	Westwood	1	4	5
Billerica	5	2	7	Weymouth	8	9	17
Boxborough	3	—	3	Wrentham	3	3	6
Cambridge	68	127	195	Total	142	148	290
Carlisle	1	—	1	<i>Plymouth</i>			
Chelmsford	4	6	10	Abington	3	8	11
Concord	4	2	6	Bridgewater	1	4	5
Dracut	3	3	6	Brockton	24	30	54
Dunstable	1	—	1	Carver	—	2	2
Everett	27	28	55	Duxbury	1	1	2
Frammingham	6	22	28	East Bridgewater	—	3	3
Groton	1	1	2	Halifax	—	2	2
Holliston	5	2	7	Hanover	—	2	2
Hopkinton	1	5	6	Hanson	1	1	2
Hudson	8	5	13	Hingham	3	4	7
Lexington	2	5	7	Hull	1	1	2
Littleton	2	—	2	Kingston	2	2	4
Lowell	55	63	118	Marion	—	2	2
Malden	28	28	56	Marshfield	—	1	1
Marlborough	10	5	15	Mattapoisett	—	2	2
Maynard	—	3	3	Middleborough	3	2	5
Medford	19	28	47	Pembroke	1	—	1
Melrose	4	7	11	Plymouth	4	7	11
Natick	5	3	8	Plympton	1	1	2
Newton	34	28	62	Rockland	3	4	7
North Reading	2	—	2	Scituate	1	2	3
Pepperell	3	2	5	Wareham	3	5	8
Reading	5	23	28	West Bridgewater	—	1	1
Sherborn	—	1	1	Whitman	4	3	7
Shirley	1	1	2	Total	56	90	146
Somerville	66	42	108	<i>Suffolk</i>			
Stoneham	5	8	13	Boston	522	552	1,074
Sudbury	—	2	2	Chelsea	21	23	44
Tewksbury	29	37	66	Revere	14	18	32
Townsend	1	1	2	Winthrop	6	15	21
Tyngsborough	1	—	1	Total	563	608	1,171
Wakefield	7	9	16	<i>Worcester</i>			
Waltham	67	24	91	Ashburnham	2	3	5
Watertown	5	12	17	Athol	11	15	26
Wayland	—	2	2	Auburn	—	2	2
Westford	3	6	9	Barre	1	—	1
Wilmington	3	1	4	Blackstone	—	2	2
Winchester	6	3	9	Bolton	1	—	1
Woburn	15	7	22	Boylston	1	2	3
Total	548	575	1,123	Brookfield	2	1	3
<i>Nantucket</i>				Charlton	3	1	4
Nantucket	1	3	4	Clinton	—	3	3
Total	1	3	4	Dana	1	—	1

TABLE 287. — *City or Town and County of Residence of Patients Within State Schools on September 30, 1935, by Sex — Concluded*

COUNTY AND CITY OR TOWN	M.	F.	T.	COUNTY AND CITY OR TOWN	M.	F.	T.
Douglas	1	3	4	Rutland	1	—	1
Dudley	2	—	2	Shrewsbury	1	2	3
East Brookfield	—	1	1	Southborough	1	1	2
Fitchburg	17	20	37	Southbridge	10	8	18
Gardner	10	15	25	Spencer	3	3	6
Grafton	2	—	2	Sterling	1	1	2
Hardwick	3	1	4	Sturbridge	1	1	2
Harvard	—	1	1	Sutton	2	2	4
Holden	4	1	5	Templeton	4	4	8
Hopedale	2	—	2	Upton	3	6	9
Hubbardston	2	—	2	Uxbridge	2	1	3
Lancaster	—	2	2	Warren	2	5	7
Leicester	4	2	6	Webster	6	8	14
Leominster	5	9	14	Westborough	7	2	9
Lunenburg	2	2	4	West Boylston	2	—	2
Mendon	1	—	1	West Brookfield	1	1	2
Milford	13	8	21	Westminster	—	2	2
Millbury	3	2	5	Winchendon	5	10	15
Millville	1	—	1	Worcester	105	104	209
Northborough	2	6	8				
Northbridge	3	2	5	Total	268	272	540
North Brookfield	4	3	7				
Oxford	3	1	4	Non residents	10	9	19
Petersham	2	1	3				
Phillipston	1	2	3	Grand Total	2,399	2,610	5,009
Royalston	2	—	2				

TABLE 288. — *Clinical Diagnoses of Admissions, Discharges and Deaths during 1935, Resident Population and Patients Out of State Schools on September 30, 1935, by Sex*

CLINICAL DIAGNOSES	ALL ADMISSIONS ¹			ALL DISCHARGES ¹			ALL DEATHS			ALL CASES IN RESIDENCE			ALL PATIENTS OUT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	49	51	100	53	45	98	1	6	7	633	945	1,578	79	106	185
Mongolism	21	21	42	2	1	3	6	7	13	112	118	230	2	3	5
With developmental cranial anomalies	7	12	19	3	3	6	1	4	5	70	49	119	1	3	4
With congenital cerebral spastic infantile paralyses	10	14	24	—	4	4	2	4	6	94	93	187	7	—	7
Post-infectious	14	13	27	4	7	11	1	2	3	126	134	260	8	8	16
Post-traumatic — natal	6	5	11	3	—	3	1	1	2	64	44	108	4	2	6
Post-traumatic — post-natal	2	3	5	—	—	—	—	—	—	13	20	33	1	—	1
With epilepsy — symptomatic	2	2	4	1	1	2	—	1	1	8	17	25	—	4	6
With epilepsy — idiopathic	2	2	4	3	1	4	2	1	3	52	57	109	2	—	2
With endocrine disorders	5	4	9	2	3	5	—	—	—	29	39	68	—	—	1
With familial amaurosis	—	—	—	—	—	—	1	—	1	8	3	11	—	1	1
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—
With other organic nervous disease	3	—	3	—	—	—	—	—	—	7	5	12	—	—	—
Undifferentiated	76	57	133	83	53	136	1	6	16	1,023	926	1,949	95	95	190
Other forms	6	7	13	20	8	28	2	—	2	157	160	317	5	8	13
Total	203	189	392	174	126	300	28	32	60	2,399	2,610	5,009	204	231	435

¹Transfers not Included

DIRECTORY OF INSTITUTIONS

November 30, 1935

1. Public Institutions:
 - (a) Hospitals for Mental Diseases.
 - (b) State Schools for Mental Defectives.
2. Private Institutions:
 - (a) For Mental and Nervous Diseases.
 - (b) For Persons Addicted to the Intemperate Use of Narcotics or Stimulants.
 - (c) For Mental Defectives.
 - (d) For Epileptics.

PUBLIC INSTITUTIONS

HOSPITALS FOR MENTAL DISEASES

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920):—

Trustees: William Healy, M. D., Boston, chairman; Channing Frothingham, Jr., M. D., Boston; Carrie I. Felch, M. D., Boston; Mrs. Mary E. McNulty, Boston; Mrs. Esther M. Andrews, Brookline; Mr. Charles F. Rowley, Boston; Hon. William J. Sullivan, South Boston.

Trustees' meeting: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M. D.

Chief Executive Officer: Riley H. Guthrie, M. D.

Chief Medical Officer: Karl M. Bowman, M. D.

Senior Physicians: John P. Powers, M. D.; Harry C. Solomon, M. D.; Oscar J. Raeder, M. D.; Grosvenor B. Pearson, M. D.; William L. Holt, M. D.; Frank C. D'Elseaux, M. D.; Whitman K. Coffin, M. D.

Assistant Physicians: Mary Palmer, M. D.; Irma Bache, M. D.; Ludwig C. B. Hirning, M. D.; Frances Hannett, M. D.; Philip Solomon, M. D.; Herbert J. DeShon, M. D.

Internes: William B. Curtis, M. D.; Elvin V. Semrad, M. D.

Dentist: Peter J. Dalton, D. M. D.

Head Social Worker: Esther C. Cook, B. A.

Head Occupational Therapist: Alice E. Waite.

Principal of School of Nursing: Mary Fitzgerald, R. N.

Treasurer: Anna F. Caulfield.

Staff Meetings: Every day, except Saturday.

Visiting days: Every day, 2 to 4 P. M. and 6 to 7 P. M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839):—

Trustees: Henry Lefavour, Boston, chairman; Mrs. Katherine G. Devine, Milton, secretary; Charles B. Frothingham, M. D., Lynn; Mrs. Edna W. Dreyfus, Brookline; Albert Evans, M. D., Boston; Leopold M. Goulston, Boston; Thomas F. Fallon, Boston.

Regular meetings: Third Monday of each month.

Superintendent: James V. May, M. D.

Assistant Superintendent: Gerald F. Houser, M. D.

Senior Physicians: Mary Gill Noble, M. D.; Edmund M. Pease, M. D.; Geneva Tryon, M. D.; Frederick LeDrew, M. D.; Winthrop B. Osgood, M. D.; Purcell G. Schube, M. D.; Margaret C. McManamy, M. D.; Carl E. Trapp, M. D.

Assistant Physicians: Sirkka E. Vuornos, M. D.; Harold F. Norton, M. D.; Benjamin Margulois, M. D.; Florence A. Beaulieu, M. D.; Margaret R. Simpson, M. D.; Alberta S. B. Guibord, M. D. (School Clinic).

Pathologist: Naomi Raskin, M. D.

Dentist: George S. Rileigh, D. M. D.

Steward: S. Henry Franks.

Treasurer: Rose J. Siciliano

Visiting days: 2 to 4 P.M. daily.

Staff meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street, Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, Dorchester; Post Office, Dorchester Center.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895):—

Post Office, State Farm. Railroad Station, South Bridgewater (New York, New Haven & Hartford).

Supervision of Department of Correction: Arthur T. Lyman, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; vacancy.

Visiting days: For relatives or friends of patients, every day; for general public, every day with the exception of Sundays and holidays.

Staff Meetings: Two or three times a week at 9:30 A.M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878):—

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, chairman, Salem; James F. Ingraham, Peabody; Arthur C. Nason, M.D., Newburyport; Thomas D. Russo, Roslindale; H. C. McStay, Swampscott; Anna P. Marsh, Danvers; Annie T. Flagg, Andover.

Regular meetings: Second Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: Edgar C. Yerbury, M.D.

Senior Physicians: William Charles Inman, M.D., Leo Maletz, M.D.; Doris M. Sidwell, M.D.

Assistant Physicians: Velma H. Atkinson, M.D.; Lois E. Taylor, M.D.; Salvador Jacobs, M.D.; Melvin Goodman, M.D.; Flora M. Remillard, M.D.

Pathologist: Charles C. Joyce, M.D.

Resident Dentist: George W. Wheeler, D.M.D.

Treasurer: Miss Hulda Aronson.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff Meeting: Daily, except Sundays and holidays, at 8:30 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893. Devoted exclusively to the care of the insane since June 1, 1914):—

Trustees: Charles A. Littlefield, Lynn, chairman; Bennet B. Bristol, Foxborough, secretary; Mrs. Claire H. Gurney, Wollaston; Thomas J. Scanlan, M.D., Boston; William H. Bannon, Foxborough; Horace A. Keith, Brockton; Miss Jeannette C. Chisholm, Waltham.

Regular meeting: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: William C. Gaebler, M.D.

Senior Physicians: Gaylord P. Coon, M.D.; Rupert A. Chittick, M.D.; David Rothschild, M.D. (Pathologist).

Assistant Physicians: Anna L. Clark, M.D.; Morris L. Sharp, M.D.; Agnes Aznive Nersession, M.D.

Dentist: Edward E. Small, D.M.D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visiting days: Every day from 9 to 11 A.M. and 2 to 4 P.M.

Staff Meetings: Daily, except Sundays and holidays at 8:30 A.M.

Location: One mile north of Foxborough Center.

GARDNER STATE HOSPITAL (opened 1902): —

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Owen A. Hoban, Gardner, chairman; Miss Grace Nichols, Boston, secretary; George A. Marshall, Fitchburg; Frank W. Lyman, Fitchburg; Fred N. Dillon, Fitchburg; Mrs. Grace A. Brooks, Athol.

Regular Meetings: First Friday occurring on or after the fourth day of each month.

Superintendent: Charles E. Thompson, M.D.

Assistant Superintendent: Frederick P. Moore, M.D.

Senior Physicians: Harold K. Marshall, M.D.; William A. Hunter, M.D.

Assistant Physicians: Edwin J. Palmer, M.D.; Lee W. Darrah, M.D.; Paul H. Wilcox, M.D.; Janet S. Barnes, M.D.

Dentist: J. Herbert Maycock, D.D.S.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff Meetings: Daily 8-9 A.M.

Location: East Gardner, two minutes' walk from East Gardner Railroad Station. Off route 2 at Westminster and three miles from Gardner.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877): —

Trustees: Frank B. Hall, Worcester, chairman; Flora M. Cangiano, Hingham; secretary; Ernest L. Anderson, Worcester; Winslow P. Burhoe, Reading; Enos H. Bigelow, M.D., Framingham; Charles D. Bourcier, Grafton; Rose Herbert, Worcester.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: Bardwell H. Flower, M.D.

Senior Physicians: H. Wilbur Smith, M.D.; James L. McAuslan, M.D.; Benjamin Cohen, M.D.

Assistant Physicians: Mary Johnson, M.D.; Anna C. Wellington, M.D.; Richard W. Nelson, M.D.

Treasurer: Susie G. Warren

Steward: Roy S. Shipman.

Dentist: George O. Tessier, D.M.D.

Visiting days: Every day.

Visiting hours: 9:30 to 11:00 A.M.; 1:00 to 4:00 P.M.

Location: The hospital is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough station, North Grafton. It is about eight miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton stations of the Boston & Albany Railroad.

Correspondence relating to patients at the Grafton State Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1896): —

Post Office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford Railroad).

Trustees: George O. Clark, M.D., Boston, chairman; Christian Lantz, Salem, secretary; Eugene M. Carman, Somerville; Danforth Comins, Concord; Mrs. Louise Williams, Taunton; Walter Channing, Dover; Mrs. Eva Watson, Boston.

Regular meetings: Second Friday of each month.

Superintendent: Earl K. Holt, M.D.

Assistant Superintendent: G. Allen Troxell, M.D.

Senior Physicians: George E. Poor, M.D.; Vicente A. Navarro, M.D.; John J. Slattery, M.D.

Assistant Physicians: William E. McLellan, M.D.; Erel L. Guidone, M.D.; Grace T. Cragg, M.D.; Frank S. Broggi, M.D.

Dentist: Elton V. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Pascal A. Cantoreggi.

Visiting days: Every day.

Staff Meetings: Daily, except Sundays and holidays, at 8:30 A.M.

Location: Hospital Road, one mile from Medfield Junction Railroad Station

METROPOLITAN STATE HOSPITAL (opened October 29, 1930): —

Post Office: Waltham, Massachusetts.

Railroad Station: Waverley, Massachusetts.

Trustees: Reverend John R. McCool, East Boston, chairman; Miss Anna M. Manion, Waltham, secretary; Erwin C. Miller, M.D., Worcester; Mrs. Helen Russell, Cambridge; Richard J. Dunn, Esq., Newton; Gilbert Horrax M.D., Brookline.

Regular meeting: Third Wednesday of each month.

Superintendent: Roy D. Halloran, M.D.

Assistant Superintendent: Salomon Gagnon, M.D.

Senior Physicians: Malcolm J. Farrell, M.D.; William Corwin, M.D.

Assistant Physicians: Clementine McKeon, M.D.; Edwin D. Lee, M.D.

Resident Dentist: John M. O'Connor, D.M.D.

Treasurer: Cora E. Norris.

Steward: Howard R. Carley.

Visiting days: Every day.

Staff Meetings: Mondays, Tuesdays, Wednesdays and Thursdays — 10.30 A.M.

Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and South Division, Boston & Maine) or Boston Elevated from Harvard Square. Bus service from Waverley Square to Hospital.

MONSON STATE HOSPITAL (opened 1898): —

Post Office and railroad station, Palmer (Boston & Albany).

Trustees: George A. Moore, M.D., Palmer, chairman; Mrs. Mary B. Townsley, Springfield; George D. Storrs, Ware; Mrs. Elizabeth Hormel, Roxbury; Joseph L. Simon, Salem; Justus G. Hanson, M.D., Northampton; C. I. Hosmer, Greenfield.

Regular meeting: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M. D.

Assistant Superintendent: H. Sinclair Tait, M.D.

Senior Assistant Physicians: Donald J. MacLean, M.D.; Samuel O. Miller, M.D.; Paul I. Yakovlev, M.D.; Calvert Stein, M.D.

Assissant Physicians: Lucie G. Forrer, M.D.; Leon J. Robinson, M.D.

Dentist: Arthur R. Adam, D.M.D.

Treasurer: Sarah E. Spalding.

Steward: Charles F. Simonds.

Visiting days. Every day.

Staff Meetings: Every day, except Sundays and holidays, at 8:30 A.M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858): —

Trustees: Laurence D. Chapin, M.D., Springfield; Albert M. Darling, Sunderland; J. C. O'Brien, M.D., Greenfield, chairman; Mrs. Emily Newton, Wellesley Hills, secretary; Mrs. Jessie Bassett, Northampton; Mrs. Anne O'Keefe Heffernan, Northampton; Samuel Michelman, Northampton.

Regular meetings: Second Thursday of each month.

Superintendent: Arthur N. Ball, M.D.

Assistant Superintendent: Guy C. Randall, M.D.

Senior Physicians: B. Edwin Zawacki, M.D.; Elizabeth Kundert, M.D.; Rhoda U. Musgrave, M.D.; Fernand Longpre, M.D.

Assistant Physicians: Kendall B. Crossfield, M.D.; Ruth M. Crossfield, M.D.; Ruth Parker, M.D.; Henry R. Craig, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays, on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Staff Meetings: Every day except Saturdays, Sundays and holidays at 8:30 A.M.

Location: Prince Street, Northampton, one and one-half miles from the railroad station, (Boston & Maine and New York, New Haven and Hartford railroads). Taxi-cab service from the station, bus service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Charles C. Cain, Jr., Attleboro, chairman; Mrs. Elizabeth C. M. Gifford, Boston, secretary; Asa A. Mills, Fall River; J. Vincent Thuot, M.D., New Bedford; Mrs. Mary B. Besse, Wareham; Samuel Stone, Attleboro; Harold Fitzgibbons, Whitman.

Regular meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Roger C. Osterheld, M.D.

Senior Physicians: Abraham M. Stiffle, M.D.; Robert M. Bell, M.D.; Olga E. Steinecke, M.D.

Senior Physician (Pathology): Donald G. Henderson, M.D.

Assistant Physicians: Norman K. Beals, M.D.; P. C. Talkington, M.D.; Stanley R. Dean, M.D.; George H. Ledger, M.D.

Dentist: Wilfred R. Wilson, M.D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff Meetings: Daily, 8:15 A.M. and 1:00 P.M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post Office, Tewksbury: railroad station, Lowell.

Trustees: Frederick W. Enright, chairman, Lynn; Mrs. Mary E. Cogan, secretary, Stoneham; Mrs. Margaret M. O'Riordan, Jamaica Plain; Mrs. Theresa V. McDermott, Lowell; William F. Maguire, D.M.D., Randolph; Dr. John J. McNamara, Lowell.

Regular meetings: Usually first Tuesday of each month.

Superintendent: Lawrence K. Kelley, L.L.B., M.D.

Assistant Superintendent: Patrick J. Meehan, M.D.

Senior Physicians: Edward J. O'Donoghue, M.D.; Henry Spencer Glidden, M.D. (Pathologist); Charles L. Trickey, M.D.; Ralph Heifetz, M.D.; James F. Lawlor, M.D.; Louis N. Stern, M.D.

Assistant Physicians: Charles J. Carden, M.D.; George J. M. Grant, M.D.; C. Winthrop Houghton, M.D.; Jessie Robertson, M.D.; John R. Hopkins, M.D.; Harry B. Plunkett, M.D.

Dentist: Charles D. Broe, D.M.D.

Visiting days: Every day from 10:00 A.M. to 4:00 P.M.

Staff meetings: Daily at 8:00 A.M.

Location: About one-half mile from bus line, Lowell to Boston, via Tewksbury five miles from Lowell; twenty miles from Boston.

Steward: Thomas F. Flynn.

Chief Clerk: Robert E. Gay.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: N. Emmons Paine, M.D., West Newton, chairman; Miss Flora L. Mason, Taunton, secretary; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; John T. Neary, D.D.S., Southborough; Grovenia S. Southerland, Boston.

Regular meeting: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: Betsy Coffin, M.D.; George E. Peatick, M.D.

Assistant Physicians: Howard T. Fiedler, M.D.; Henry M. Gardiner, M.D.;

Henry J. Kohler, M.D.; Bessie F. Brown, M.D.; William H. Quinn, M.D.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Anthony B. Grady, D.D.S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford)

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: William J. Delehanty, M.D., Worcester, chairman; John G. Per-
man, D.D.S., Worcester; Howard W. Cowee, Worcester; Mrs. Anna C.
Tatman, Worcester, secretary; George D. Morse, Worcester; Mrs. Frank
Dresser, Worcester; John L. Bianchi, Worcester.

Regular meetings: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: Clifton T. Perkins, M.D.

Clinical Director: Morris Yorshis, M.D.

Assistant Physicians: Francis H. Sleeper, M.D.; Lonnie C. Farrar, M.D.;

Walter E. Barton, M.D.; W. Everett Glass, M.D.; Benjamin Simon, M.D.;

Arthur J. Gavigan, M.D.; Embrie J. Borkovic, M.D.; Conrad Wall, M.D.;

Paul Haun, M.D.; Eleanor Edgar, M.D.

Pathologist: William Freeman, M.D.

Dentist: Joseph N. Finni, D.D.S.

Steward: Herbert W. Smith.

Treasurer: Margaret T. Crimmins.

Visiting days: Tuesdays, Saturdays, Sundays, and holidays, from 9 to 11 A.M.,
1:30 to 4:30 P.M.

Staff meetings: Daily.

Location: Belmont Street, Worcester, one and a half miles from Union Station
(Boston & Albany; New York, New Haven & Hartford; and Boston &
Maine.) The Summer Street Department is located in the building formerly
known as the Worcester State Asylum, on Summer Street, about five
minutes walk from the Union Station.

Correspondence relating to patients should be addressed to the Superintendent,
Worcester State Hospital, Worcester, Mass.

Correspondence intended for Steward or Treasurer of the Hospital should be
addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES

BELCHERTOWN STATE SCHOOL (for the mentally deficient: opened 1922):—

Post Office and railroad station, Belchertown, Mass. (Central Vermont Rail-
road from Palmer or Amherst: Boston & Maine for freight only. Busses
from Springfield, Holyoke, Amherst and Ware.)

Trustees: Theodore S. Bacon, M.D., Springfield, chairman; Edwin C. Gilbert,
M.D., Springfield, secretary; Mrs. Bessie F. Dewey, Northampton; Mrs.
Henry F. Nash, Greenfield; Mr. F. A. Farrar, Northampton; John I.
Donna, Esq., Pittsfield; Mr. James L. Harrop, Worcester.

Regular meeting: Second Tuesday of each month.

Superintendent: George E. McPherson, M.D.

Assistant Superintendent: Karl V. Quinn, M.D.

Senior Physicians: Charlotte A. Mitchell, M.D.; John T. Shea, M.D.

Assistant Physicians: Elizabeth L. Muth, M.D.; Herbert L. Flynn, M.D.

Dentist: Arthur E. Westwell, D.M.D.

Steward: Roger H. Littlefield.

Treasurer: Dora B. Wesley.

Visiting days: Every day, except holidays, 9:30 to 11:30 A.M., 1:30 to 4:30 P.M., and at other times by special permission.

Staff Meetings: Daily at 9:00 A.M.

Location: One-quarter mile from railroad station. On the state road to Holyoke and one-half mile from the center of the town.

WALTER E. FERNALD STATE SCHOOL at Waltham (opened 1848):—

Post Office and railroad station, Waverley, (Boston and Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., president, Cambridge; Frank I. Dorr, Framingham; Theodore Chamberlin, M.D., Concord; Rev. Russell H. Stafford, Brookline; Mrs. Helen C. Taylor, Newton; Moses H. Gulesian, Chestnut Hill.

Trustees appointed by the Corporation: Stephen Bowen, Boston, treasurer; Charles Francis Adams, Concord, vice-president; Paul R. Withington, M.D., secretary, Milton; Roger S. Warner, Ipswich; Donald Gregg, M.D., Wellesley.

Quarterly meeting: Second Thursday of October, January, April and July.

Annual meeting: Second Thursday in December.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: Charles S. Woodall, M.D.

Senior Physicians: Anna M. Wallace, M.D., retired in July, 1935; Edith E. Woodill, M.D.; L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.; Mary T. Muldoon, M.D.

Assistant Physicians: Fred Vere Dowling, M.D.; John D. Maloney, M.D.

Treasurer: Emily E. Guild.

Steward: John F. Donnell.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday and Saturday afternoons, and the first Sunday of each month.

Staff Meetings: Daily at 9 A.M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907):—

Post Office and railroad station, Wrentham.

Trustees: Albert J. Sargent, Foxboro, chairman; Mrs. William A. Murray, Milford, secretary; Frank J. Nerney, Attleboro; Warren J. Swett, Canton; James A. Mulhall, Quincy.

Regular meetings: Second Thursday of every month.

Superintendent: C. Stanley Raymond, M.D.

Assistant Superintendent: Henry A. Tadgell, M.D.

Senior Physicians: Mildred A. Libby, M.D.; Alice M. Patterson, M.D., William A. Johnson, M.D.

Assistant Physicians: Anne G. Livingston, M.D.; John H. F. Connor, M.D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day.

Location: Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford railroad). One-half mile from Winter Street stop, Boston & Providence bus line. Telephone: Wrentham 24.

PRIVATE INSTITUTIONS

FOR THE CARE OF MENTAL AND NERVOUS DISEASES

BOURNEWOOD HOSPITAL, George H. Torney, M.D., 300 South Street, Brookline.
Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford), one mile distant. Easily reached by motor. Telephone Parkway 0300.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

DR. REEVES' SANITARIUM, Fred B. Jewett, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

McLEAN HOSPITAL. For Nervous and Mental Patients (opened 1818): —

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R. R.)

President: Nathaniel T. Kidder, Boston.

Vice-President: Francis Henry Appleton, Boston.

Treasurer: Phillips Ketchum, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Miss Betty Dumaine, Groton, Mass.; Joseph A. Tomasello, Boston; Henry V. Morgan, Cambridge; Howard J. Bushway, West Newton.

Trustees appointed by the Corporation: Henry K. Sherrill, Boston, chairman; Nathaniel T. Kidder, Boston; Sewall H. Fessenden, Boston, John R. Macomber, Boston; Algernon Coolidge, M.D.; Boston, Francis C. Gray, Boston; Phillips Ketchum, Esq., Boston; Hans Zinsser, M.D., Boston.

Regular meetings: In the Trustees' Room at the Massachusetts General Hospital in Boston on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M.D.

Director: W. Franklin Wood, M.D.

Psychiatrist-in-Chief: Kenneth J. Tillotson, M.D.

Senior Physicians: Neils L. Anthonisen, M.D.; Jackson M. Thomas, M.D.; John B. McKenna, M.D.

Pathologist: Ray L. Whitney, M.D.

Director of Laboratories: John C. Whitehorn, M.D.

Resident Physicians: George B. Beaman, Jr., M.D.; John G. Lynn, M.D.; Lawrence D. Trevett, M.D.; Lewis A. Golden, M.D.; Neil T. McDermott, M.D.

Psychologist: George E. Gardner, Ph.D.

Roentgenologist: James M. Lingley, M.D.

Dental Surgeon: George O. Bartlett, D.D.S.

Visiting Internist: Wyman Richardson, M.D.

Staff Meetings: Wednesdays and Saturdays at 11:00 A.M.

RING SANATORIUM AND HOSPITAL, INC., Barbara H. Ring, M.D., Arlington Heights.

VETERANS' ADMINISTRATION FACILITY, No. 95, Northampton, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases; Opened May 12, 1924): —

Under control of Veterans' Administration, Washington, D. C.

Administrator of Veterans' Affairs: Gen. Frank T. Hines, Washington, D. C.

Director: Colonel George E. Ijams, Washington, D. C.

Medical Director: Charles M. Griffith, M.D., Washington, D. C.
 Manager: Frank E. Leslie, M.D., Northampton, Massachusetts.
 Assistant Manager and Clinical Director: Walter P. Burrier, M.D.
 Ward Surgeons: Sidney Rosenbliett, M.D.; Edward S. Jones, M.D.; Bennie A. Moxness, M.D.; Frank Dwyer, M.D.; George D. Bragaw, M.D., and Abdu M. Ibrahim, M.D.
 Chief Clinical Laboratory: Abdu M. Ibrahim, M.D.
 Chief Dental Service: Francis J. Rogers, M.D.
 Chief Roentgenology Laboratory: Bennie A. Moxness, M.D.
 Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.
 Consultant in Ophthalmology: Frank E. Dow, M.D.
 Consultant in Surgery: Edward W. Brown, M.D., Died October 25, 1935.
 Consultant in Roentgenology: None. (Bennie A. Moxness, M.D., Staff Roentgenologist).
 Staff Meetings: Daily with the exception of Saturdays and Sundays. Time of meetings: 1:00 P.M.
 Location: North Main Street, Florence Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Trolley connection from Northampton.

VETERANS' ADMINISTRATION FACILITY, No. 107, Bedford, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases, Opened July 17, 1928): —

Under control of Veterans' Administration, Washington, D.C.
 Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D.C.
 Medical Director: Charles M. Griffith, M.D.
 Manager: Winthrop Adams, M.D.
 Clinical Director: Frederick R. Sims, M.D.
 Ward Surgeons: Frederick E. Steele, Jr., M.D.; Aaron H. Braverman, M.D.; Roscoe E. Petrone, M.D.; John F. O'Brien, M.D.; Antonino Triolo, M.D.; Nat J. Wilson, M.D.
 Chief Clinical Laboratory: David L. Williams, M.D.
 Chief Dental Service: William E. Sinton, D.M.D.
 Consultant in Eyes, Ears, Nose and Throat: George A. Leahey, M.D.
 Consultant in Roentgenology: John H. Lambert, M.D.
 Consultant in Dermatology: C. Guy Lane, M.D.
 Consultant in Surgery: Henry C. Marble, M.D.
 Consultant in Genito-Urinary Surgery: Sylvester B. Kelley, M.D.
 Consultant in Internal Medicine: G. Philip Grabfield, M.D.
 Staff Meetings: Tuesdays, Wednesdays and Fridays.
 Time of Meetings: 10.30 A.M.
 Location: Springs Road, Bedford, Mass. One mile in from State Highway.
 Bus connection from Arlington Heights, Mass.

WESTWOOD LODGE, William J. Hammond, M.D., Westwood.

WISWALL SANATORIUM, Edward H. Wiswall, M.D., 203 Grove Street, Wellesley.

BOSWORTH HOSPITAL, Arthur Berk, M.D., 166 Lancaster Terrace, Brookline.

FOR THE CARE OF PERSONS ADDICTED TO THE IMPERATE USE OF
NARCOTICS OR STIMULANTS

PRIVATE HOSPITAL, Frederick L. Taylor, M.D., 45 Center Street, Roxbury.

WASHINGTONIAN HOME, Hugh Barr Gray, M.D., 41 Waltham Street, Boston.

GROVE HALL INSTITUTE, George Colton Moore, M.D., 232 Townsend Street, Roxbury.

FOR THE CARE OF MENTAL DEFECTIVES

CLARKE SCHOOL, Miss Edith Clarke, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D., Barre (Central Massachusetts Branch, Boston & Maine).

FREER SCHOOL, for girls only, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

THE HOSPITAL COTTAGES FOR CHILDREN, Baldwinville (incorporated and opened 1882):—

President: E. G. Watkins, Gardner; Clerk, Robert B. Greenwood, Winchendon.

Trustees appointed by the Governor: U. Waldo Cutler, Worcester; George B. Dewson, Milton; Mrs. Abner S. McLaugh, Greenfield; Miss Lucy Hickey, Holyoke; Miss Edith H. Sears, Boston.

Trustees appointed by the Corporation: Frederick A. Turner, Jr., Boston; Dr. John G. Henry, Winchendon; Mrs. J. M. Lasell, Whitinsville; Mrs. Edward W. Hutchins, Boston; Edward F. Mann, Worcester; Mrs. Herbert C. Fisher, Worcester; Donald W. Campbell, Worcester; Robert E. Greenwood, Winchendon; J. Sidney Stone, Boston; Mrs. Thomas Allen, Jr., Boston; Edward G. Watkins, Gardner; Mrs. C. S. Dickenson, Baldwinville; William G. Lord, Athol; Mrs. Arthur D. Potter, Greenfield; Dr. Fred H. Allen, Holyoke; Francis E. Morlock, Winchendon.

Quarterly meetings: January, April, July and October.

Superintendent: E. St. John Ward, M.D., F.A.C.S., D.Sc.

Assistant Physician: Mildred J. Hausmann, M.D.

Treasurer: Edgar L. Ramsdell, Mechanics National Bank, Worcester, Mass.

Visiting days: Every day except Sunday.

Location: Bridge Street, one mile from railroad station (Boston & Maine) and from center of Town of Baldwinville at junction of routes 68 and 32.

PERKINS SCHOOL OF ADJUSTMENT, Franklin H. Perkins, M.D., Lancaster.

STANDISH MANOR, Miss Alice M. Myers, Halifax.

FOR THE CARE OF EPILEPTICS

WOODLAWN SANITARIUM, Dr. Ewan A. Robertson, 500 Crafts Street, West Newton.

"KITREDGE FARM", Joseph Kittredge, M.D., 56 Academy Road, North Andover.

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